LIBRARY
MAY 7 1945
UNIVERSITY OF MD.

THE HOSPITAL BULLETIN

OF THE UNIVERSITY OF MARYLAND

BALTIMORE MEDICAL COLLEGE NEWS

Vol. IX BALTIMORE, MD., FEBRUARY 15, 1914 No. 12

THE ONE HUNDRED AND EIGHTH
ANNUAL SESSION
OF THE
SCHOOL OF MEDICINE
OF THE
UNIVERSITY OF MARYLAND
WILL BEGIN OCTOBER 1st, 1914

For Catalogue and Other Information, Apply to
R. DORSEY COALE, M.D., Ph.D., Dean

Beef, Iron and Wine, with Hydropepsin
Liquid Pi-cine Co. Red Syr. Hypophosphites
Comp. Salol Capsules

THOMAS & THOMPSON
Manufacturers and Dispensers of
Pure Medicines
Corner Baltimore and Lignt Streets, Baltimore
Staff of Eight Competent Men at Prescription Counter

D. HARRY CHAMBERS

Prescription
Optician .. ..

312-314 N. HOWARD STREET

Exacting and Unusual
Pharmaceutic Demands

ARE EFFECTIVELY AND
PROMPTLY MET BY

HYNSON, WESTCOTT & CO.

Distinctive Pharmacists

Charles and Franklin Sts. Telephone, Mt. V. 890
Linden and North Aves. Telephone, Mad. 405

Accounts Solicited

PROMPT CITY AND SUBURBAN DELIVERY

P
Med
M

LIBRARY
MAY 7 1945
UNIVERSITY OF MARYLAND

THE HOSPITAL BULLETIN

OF THE UNIVERSITY OF MARYLAND

Vol. XI BALTIMORE, MD., MARCH 15, 1915 No. 1

THE ONE HUNDRED AND NINTH
ANNUAL SESSION
OF THE
SCHOOL OF MEDICINE
OF THE
UNIVERSITY OF MARYLAND
WILL BEGIN OCTOBER 1st, 1915

For Catalogue and Other Information, Apply to
R. DORSEY COALE, M.D., Ph.D., Dean

Beef, Iron and Wine, with Hydropepsin
Liquid Pi-cine Co. Red Syr. Hypophosphites
Comp. Salol Capsules

THOMAS & THOMPSON
Manufacturers and Dispensers of
Pure Medicines
Corner Baltimore and Lignt Streets, Baltimore
Staff of Eight Competent Men at Prescription Counter

D. HARRY CHAMBERS

Prescription
Optician .. ..

312-314 N. HOWARD STREET

Exacting and Unusual
Phamaceutic Demands

ARE EFFECTIVELY AND
PROMPTLY MET BY

HYNSON, WESTCOTT & CO.

Distinctive Pharmacists

Charles and Franklin Sts. Telephone, Mt. V. 890
Linden and North Aves. Telephone, Mad. 405

Accounts Solicited

PROMPT CITY AND SUBURBAN DELIVERY

Med
M

LIBRARY
MAY 7 1945
UNIVERSITY OF

THE HOSPITAL BULLETIN

OF THE UNIVERSITY OF MARYLAND

BALTIMORE MEDICAL COLLEGE NEWS

Vol. IX BALTIMORE, MD., FEBRUARY 15, 1914 No. 12

THE ONE HUNDRED AND EIGHTH
ANNUAL SESSION
OF THE
SCHOOL OF MEDICINE
OF THE
UNIVERSITY OF MARYLAND
WILL BEGIN OCTOBER 1st, 1914

For Catalogue and Other Information, Apply to
R. DORSEY COALE, M.D., Ph.D., Dean

Beef, Iron and Wine, with Hydropepsin
Liquid Pi-cine Co. Red Syr. Hypophosphites
Comp. Salol Capsules

THOMAS & THOMPSON
Manufacturers and Dispensers of
Pure Medicines
Corner Baltimore and Lignt Streets, Baltimore
Staff of Eight Competent Men at Prescription Counter

D. HARRY CHAMBERS

Prescription
Optician .. ..

312-314 N. HOWARD STREET

Exacting and Unusual
Pharmaceutic Demands

ARE EFFECTIVELY AND
PROMPTLY MET BY

HYNSON, WESTCOTT & CO.

Distinctive Pharmacists

Charles and Franklin Sts. Telephone, Mt. V. 890
Linden and North Aves. Telephone, Mad. 405

Accounts Solicited

PROMPT CITY AND SUBURBAN DELIVERY

Hon. HENRY D. HARLAN, LL.D.
Dean
1061 Calvert Building
Chief Judge, Supreme Bench of Baltimore City

EDWIN T. DICKERSON
Attorney-at-Law
Secretary and Treasurer
301 St. Paul Street

THE LAW SCHOOL

OF THE

UNIVERSITY OF MARYLAND

Lombard and Greene Streets

BALTIMORE, MD.

A DAY SCHOOL and a NIGHT SCHOOL, with the same Faculty, requirements, course of instruction and fees, are conducted by the Law School.

LECTURES { DAY SCHOOL, 4-7 P. M.
NIGHT SCHOOL, 6-9 P. M.

FOR CATALOGUE AND FURTHER INFORMATION, APPLY TO

EDWIN T. DICKERSON
Secretary and Treasurer
301 St. Paul Street BALTIMORE, MD.

THE HOSPITAL BULLETIN

OF THE UNIVERSITY OF MARYLAND

BALTIMORE MEDICAL COLLEGE NEWS

FEBRUARY 15, 1914

CONTENTS

ORIGINAL ARTICLES—

Gastric and Duodenal Ulcers, with Special Reference to the Method of Operative Procedure Employed. Frank Martin, M.D. 209

EDITORIALS. 219

The Maryland State University.
The Pathological Endowment Fund.
Memorial Tablet to Dr. Cordell.
The General Endowment Fund.

ITEMS. 220

MARRIAGES. 221

INDEX TO VOLUME IX. 222

GIDDINGS & ROGERS

300 COURTLAND STREET

BALTIMORE, MD.

We Have the Facilities for Printing All Orders, from the Smallest to the Largest. We Are Prompt. Our Prices Are Reasonable

ESTIMATES CHEERFULLY GIVEN

Printers, Steel Die Engravers, Lithographers
Blank Book Makers

INDEX TO ADVERTISERS

When you write, say you saw advertisement in THE HOSPITAL BULLETIN.

Alpha Photo-Engraving Co. xiii
Antiphlogistine (Denver Chem. Co.) ix
Arnold, F. & Sons vi
Archer's Laundry ix
Baltimore Law School ii
Battle & Co. xiii
Benton, Luther B. vii
Bristol-Myers Co. xv
Bowen & King vii
Calvert Bank vi
Chambers, Harry D. ..... Front cover
Commonwealth Bank xii
Deer Park Sanitarium xvii
Dental Dept., Univ. of Maryland xiv
Dunnett, Wm. xii
Fetting, A. H. vii
Fellows Medical Mfg. Co. ix
Geneva Mineral Water xvii
Gilpin Co., Henry B. xvi
Gundry Sanitarium xvii
Gundry Home, Richard xvi
Gutman & Co., Joel xv
Hynson, Westcott & Co. ..... Front cover
Jacobs & Sons, Wm. xvi
Jones, R. Lee xii
Kress & Owen Co. viii
Lefrance & Ault x
Lozak xv
Martin H. Smith Co. ..... Front cover, xiv
Maryland Casualty Co. vii
Miller, Wm. J. vii
Morrison & Fifer vii
National Bank of Baltimore xii
Neely & Ensor xii
Neuhaus & Co., Chas. v
North German Lloyd viii
Old Town Laundry xii
Pikesville Dairy Co. v
Pillsbury Flour Mills Co. xiii
Pippen's Book Store x
Relay Sanitarium xvi
Resinol Chemical Co. x
Ritte, Howard F. xv
Schuster & Co. x
Sessions & Co., A. D. xii
Sharp & Dohme v
Square Diehl Clothes xvi
Thomas & Thompson ..... Front cover
University Hospital xiv
University of Maryland ..... Back cover
Walker-Gordon Methods vii
Walnut Grove Dairy xiii
White & Co. xiii
Willms Surgical Inst. Co., Chas. vi

Keep in Touch with the Happenings
at the University through

THE HOSPITAL BULLETIN

$1.00 a Year

PIKESVILLE DAIRY CO.

MILK PASTEURIZATION

Dr. M. J. Rosenau of the University Medical School, speaking on pasteurization, said:

"Many experiments have been made in several laboratories, and in my own laboratory, demonstrating to our entire satisfaction that milk heated for the temperature and time described, '(60° C. for twenty minutes)', sours just as normal, raw milk sours. Nature's danger signal has not been destroyed, and there can be no objections from that particular standpoint."

C. & P. PHONE C. & P. PHONE

CHARLES NEUHAUS & CO.

MANUFACTURERS OF

SURGICAL, DENTAL AND ORTHOPAEDICAL INSTRUMENTS

ELASTIC STOCKINGS, SUPPORTERS, TRUSSES, ETC.

510 N. Eutaw Street BALTIMORE, MD.

Founded 1860 *Incorporated 1893* *Present 1913*

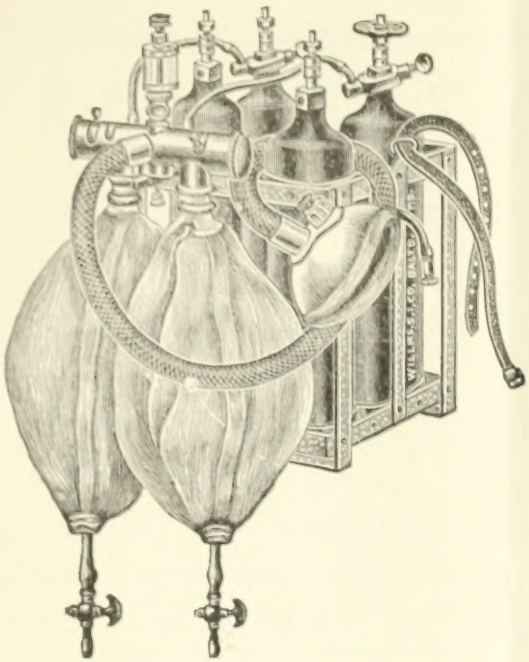
SHARP & DOHME

Laboratories: BALTIMORE General Offices: New York

MANUFACTURING CHEMISTS

Message to Physicians: The value of medicines depends upon their accuracy, purity and truth to label. These three elements all depend upon the control of the manufacturer of his raw materials, his processes and his finished products. This control of raw materials, checking of processes and formulas, control of bottling and labelling and analytical testing of finished products has reached its highest state of perfection in the laboratories of **SHARP & DOHME.** Hence the specification of Sharp & Dohme or S. & D. will guarantee efficiency, purity and reliability of the products entering your prescription.

S. GRIFFITH DAVIS, M.D. BALTIMORE, MD.



Nitrous Oxide, Oxygen and Ether Inhaler

The Davis Apparatus is the most developed and thoroughly equipped apparatus for the administrations of Nitrous Oxide, Oxygen and Ether, and in use by the leading hospitals.

Write for Literature

The Chas. Willms Surgical Instrument Co.

300 North Howard Street

BALTIMORE, MD.

ESTABLISHED 1834

F. ARNOLD & SONS

310 N. EUTAW STREET
BALTIMORE, MD.

DEALERS IN

High-Grade Surgical Goods, Orthopedic Instruments

Hospital Supplies of All Descriptions

The fame of Arnold & Sons is based on an honorable record, covering more than THREESCORE AND TEN YEARS.

"Courteous Treatment" and "Honest Goods" assured.

Members of the profession outside of Baltimore will be promptly supplied—orders by mail or 'phone quickly forwarded.

NOTE—Agents for "Mulford's Vaccine and Antitoxins." COMPETENT LADY ATTENDANT.

Capital, - - $ 100,000
Surplus, - 60,000
Deposits Over 2,000,000

CALVERT BANK

IN THE SHOPPING DISTRICT

S. E. Corner Howard and Saratoga Streets

Branches: 1813 Pennsylvania Ave. Baltimore and Carey Sts. Light and Cross Sts. Gay and Monument Sts.

WM. C. PAGE, President — JAMES H. PRESTON, Vice-President and Counsel — W. H. DASHIELL, Cashier — RICHARD GWINN, 2d Vice-President

DIRECTORS

Hon. James H. Preston	Richard Gwinn	Thos. W. Jenkins	Chas. W. Jones
Wm. C. Page	Charles W. Hurst	Frederick H. Gottlieb	Wm. B. Fallon
W. O. Horsey	J. C. Taliaferro	William F. Knox	B. J. McCullough

COMMERCIAL DEPARTMENT—Large and small deposits received subject to check

SAVINGS DEPARTMENT—Deposits received from 25 cents up. 3½% interest paid

SAFE DEPOSIT BOXES, $3 AND UPWARDS

Lawful Depository for any Trustee, Receiver, Guardian, Executor or Administrator, Committee, Agent, Public Officer or Fiduciary

Walker-Gordon Methods
AND
BURNSIDE FARM MILK

THE Laboratory sells only milk produced at BURNSIDE FARM, where the methods and equipments for producing milk of the safest type possible are strictly in accord with the rules and regulations adopted by the Medical Milk Commission of the American Medical Association.

In addition to the usual chemical and microscopic tests, bacteria counts are made regularly of the mixed milk and of the individual cows to guard against any possible udder infection.

Besides all possible milk modifications, the Laboratory dispenses such special products as: Distilled Water, Cereal Waters, Whey, Malt Soup, Eiwerss Milk, Buttermilk, Kephir, Kumyss, Bulgara and Bulgara Tablets (containing Bacillus Bulgaricus), Milk Ferment Cultures and Special, Raw or Sterilized Milk for ocean or other travel.

Morrison & Fifer

Dispensing Chemists

We solicit your patronage and assure you we personally supervise every prescription or order intrusted to our care.

LINDEN AVE. AND DOLPHIN ST.

A. H. FETTING

Manufacturer of

GREEK LETTER FRATERNITY JEWELRY

213 N. Liberty Street

Memorandum package sent to any fraternity member through the secretary of the chapter. Special designs and estimates furnished on class pins, rings, medals for athletic meets, etc.

LUTHER B. BENTON

... Dental Depot ...

305 N. HOWARD STREET

WM. J. MILLER

Jeweler

28 East Baltimore Street

We manufacture B. M. C. Seals, City College and other Seals in Buttons, Fobs, Hat Pins, etc., Solid Gold and Sterling Silver, 50c. to $5.00.

Class Pins a specialty.

Anything in College Jewelry can be found here.

INSURANCE

Accident *Health* *Burglary*
Automobile *Physicians' Defense*

Maryland Casualty Co.

St. Paul 2218 L. T. TONGUE, General Agent

We Do Not Prescribe Glasses—We Make Them

BOWEN & KING

Prescription Opticians

117 N. Liberty Street

Both Phones BALTIMORE, MD.

ORIENT *or* OCCIDENT

All routes lead thru the "Hansa Haus"

The quaint old German Building, travel headquarters for Baltimoreans
The place where you should at once make all your arrangements for

NORTH GERMAN LLOYD

WINTER TRIPS AND

PLEASURE CRUISES

Panama, West Indies, South America, Europe, Mediterranean, Egypt, India, Ceylon, China, Japan, Around the World

APPLY NOW TO

A. SCHUMACHER & CO., - - - General Agents, - - - BALTIMORE

Glyco-Thymoline

IS INDICATED FOR

Catarrhal Conditions in any part of the body

NASAL · THROAT
STOMACH · INTESTINAL
RECTAL AND
UTERO-VAGINAL CATARRH

KRESS & OWEN COMPANY

361 & 363 PEARL ST., NEW YORK

Sole Agents for Great Britain-THOS. CHRISTY & CO. 4-10 & 12 Old Swan Lane, London, E.C.

THE HOSPITAL BULLETIN

BALTIMORE MEDICAL COLLEGE NEWS

Published Monthly in the Interest of the Medical Department of the University of Maryland

PRICE $1.00 PER YEAR

Contributions invited from the Alumni of the University, Business Address, 608 Professional Building, Baltimore, Md.

Entered at the Baltimore Post-office as Second Class Matter

Vol. IX BALTIMORE, MD., FEBRUARY 15, 1914 No. 12

GASTRIC AND DUODENAL ULCERS, WITH SPECIAL REFERENCE TO THE METHOD OF OPERATIVE PROCEDURE EMPLOYED.*

By Frank Martin, M.D.,
Clincial Professor of Surgery, University of Maryland, Baltimore.

[Reprinted from Southern Medical Journal, April, 1913.]

The literature of ulcer of the stomach and duodenum has become so numerous as to make it impossible in a paper of this character to do credit in the slightest way to the subject. There is no surgical condition, however, that presents a greater array or a more varied picture of pathological lesions, sometime in its history, than does ulcer of the stomach or duodenum; none call forth more important questions to the attention of scientific workers. Indeed, I know of no other subject which presents more vexed problems for solution, and although surgical opinion has crystallized on some, there are many problems still arising in consequence of the varied complications which are as yet very chaotic.

What does ulcer stand for? It stands, I might say at the gateway of more lines of surgical invasion than all the rest of the pathological lesions of this organ, calling for at least four-fifths of all stomach surgery. The conditions which are directly or indirectly associated with it are pain, hemorrhage, perforation, the secondary results, such as adhesions, cicatrices, contractions and obstruction, and, above all, that nightmare or dread disease which selects this site more commonly than all others of the entire alimentary canal for its development, namely, carcinoma at the site of the ulcer, and finally the systematic conditions, toxemia, lowered vitality, anemia, etc. *These are a few conditions of what it stands for.*

Abundant clinical and pathological investigations have gone on in order to solve these problems and to place the treatment on a better basis, but still there is that wide diversity of opinion which keeps the subject decidedly unsettled. Attacking this subject a few years ago would have been a relatively simple task. Today it is far different, and by no means easily performed, and the last word certainly has not yet been said.

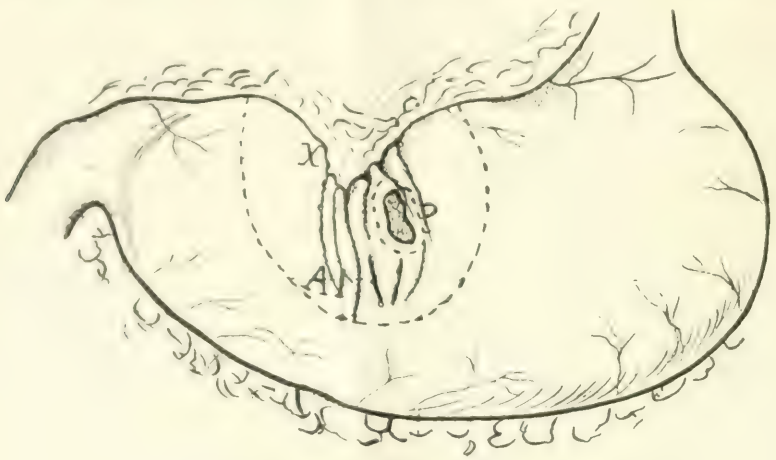
Twenty years ago was an epoch-making period in the history of stomach surgery, and it was then that I assisted my chief, Dr. L. McLane Tiffany, in doing the first gastro-enterostomy ever done in Baltimore. The Von Hacker posterior gastroenterostomy was done for an obstruction of the pylorus, due to a malignant disease having been engrafted on an ulcer at that point. The patient made a nice recovery, and was relieved of the starvation symptoms produced by the obstruction, and experienced comfort for a considerable time. Two years following, however, he died from the progress of his cancer. That case, as I look back upon it, was an ideal case for resection, for the progress of the growth had made only slight headway, but the operation that was done was a sidetracking operation and an operation for drainage, and I cite this case because that has been the operation that has had full sway practically as a cure-all for gastric and duodenal ulcer, with its varied complications. Since then they have become so numerous that they now rank by the thousands.

During the last twenty years much advanced work has been done, and great strides have been made, improvements accomplished in the technique of the varied operations, and many new

*Read at the Southern Surgical and Gynecological Association, December 18, 1912.

operative procedures introduced, but during this time one of the chief advances made by the surgeon and surgical invasions into this field has been to shed light and actually clear up many mooted pathological problems hitherto unrecognized. One, for instance, has been the recognition of the greater frequency of duodenal ulcers, which were formerly thought always to be gastric, now shown to constitute three-fifths of the cases. In the beginning there was very little exact knowledge of the pathology of ulcer except its complications, and in my experience stomach analyses have aided very little in reaching an exact diagnosis. In my earlier cases they frequently indicated malignancy where benign conditions were found, and often just the reverse in inoperative malignant cases.

sents case eleven in my series of acute perforation cases. It was a case of long-standing ulceration of the stomach, which had extended down on the anterior and posterior wall of the stomach for a considerable distance. At this *ulcer-bearing area carcinoma had developed.* The perforation had occurred on the gastric side of the saddle, at the thinnest portion of the ulcer. He was brought to me fifteen or sixteen hours after the first symptoms, from the medical side, where the perforation had occurred, and I operated on him for acute general peritonitis resulting from this perforation. I found it impossible to close the perforation on account of the marked thickening which had occurred in and around it from the carcinomatous infiltration. This infiltration had extended, not only in the stomach wall in and



CASE 2. FIGURE I.

AI Area of infiltration. P Perforation. X Saddle ulcer with contraction.

LOCATION.

The location of duodenal ulcer is in the first inch and a half of the duodenum, extending up to within three-fourths of an inch of the pylorus, some of them involving the margin of the stomach at the pyloric ring. Being rather high, and involving the pylorus, probably explains why they were classified as gastric ulcers. Gastric ulcers are usually single, solitary in 87 per cent.

When multiple ulcers exist they may be only two in number or almost uncountable, and 90 per cent. occur in the grinding pyloric end of the stomach, more often near the lesser curvature, often projecting down upon the anterior and posterior walls, and, therefore, called "saddle ulcer." An excellent illustration of such a type of ulcer is shown in figure No. 1, which represents

about the ulcer-bearing area, but had metastasized into lymphatic structures, and there was a huge mass fastening it to the back, so that it was utterly impossible to get it up and resect it. I could not begin to get around it; the opening where the perforation occurred was so densely infiltrated and thick that I could not close the perforation as it was, but I found by dissecting the perforation out, by making an incision around it, as is indicated by the dotted lines at "P" in figure I, which made quite a good-sized opening into the stomach, and by putting in mattress sutures I could bring together this opening and turn it in. The abdomen was then opened below and drainage applied both in the lower abdomen and upper abdomen. The patient made an uninterrupted recovery, and improved con-

siderably for a number of months, but died from the ultimate progress of the carcinoma. I mention this case largely from the fact that it is not common to meet with a perforating gastric ulcer after carcinomatous infiltration has taken place in it, and it is the first one of the kind I have had in my experience.

A gastric ulcer usually stops abruptly at the pylorus. Both gastric and duodenal, being nearer the pylorus, interfere with the motility, and give rise to mechanical difficulties in the process of healing, and likewise cause obstruction and retention of food. Haggard says: "The portion of duodenum involved by the ulcer is the portion which acts as a vestibule, as it were, for the small intestine, and is a meeting ground for the acid stomach ingesta and the alkaline biliary and pancreatic secretion, so that it partakes of the character of the stomach and its ills, and is supposed to be more frequently diseased than any other part of the intestine of equal length, save the rectum."

Duodenal ulcers are more serious, from the fact that their coats are much thinner, and the danger of erosion of large blood vessels and perforation of the ulcers much greater. However, they are less serious in that they seldom take on malignant degeneration. Two of my late cases of pylorectomies for duodenal ulcer are exceptions to that rule, however, as it was shown that malignant degeneration had taken place in the ulcer. Hemorrhage occurs from ulcer at this site more commonly; it is noted in about one-half of the cases. Primary hemorrhage, although severe, seldom calls for operative interference. A question, to my mind of much clinical importance and about which much stress is laid, is clinching the diagnosis of ulcer of the stomach and duodenum on the finding of occult blood. This, of course, is of considerable value when associated with the other clinical evidence, but its absence in no way negatives the diagnosis of ulcer. If the diagnosis is to be clinched on this finding, then many cases will go totally undiagnosed. As Mayo says, "Occult blood in the stool affords considerable valuable evidence as to the fact that it is blood, but it should never be lost sight of that it bears with it no indication as to its source. It may come from any slight abrasion in some part of the many feet of mucous membrance which exist between the lips and the anus." As a matter of fact, hemorrhage from these chronic ulcers is by no means of frequent occurrence, and I, for one, do not lay stress on its absence as contraindicating the diagnosis.

Recurring acute hemorrhages are best treated by opening up the stomach or duodenum, locating the bleeding point and suturing the part firmly. Chronic small hemorrhages, on the contrary, can be cared for by gastrojejunostomy, especially if the ulcer is limited to the duodenum or near the pylorus.

THE ETIOLOGY OF GASTRIC AND DUODENAL ULCERS.

The gastric and duodenal ulcers have practically the same etiology. Being still a speculative and unsettled point, I will not go into it, but I cannot pass over this subject of the pathogenesis of gastric ulcer without calling attention to the article by Turck on "Ulcer of the Stomach, Pathogenesis and Pathology." He lays great stress on the role that cytolysis and autocytolysis play in the formation and persistence of ulcer. The chief factors of most scientific investigations are *injury of the mucosa in the grinding pyloric end, anemia and hyperchlorhydria.* Mayo states: "Ninety per cent. of gastric ulcers are to be found in the pyloric end, which contains one-sixth of the gastric mucosa, while the beginning of most duodenal ulcers will be detected at the point of impact, where the acid chyme is forcibly ejected through the pylorus against the duodenal wall."

DIFFERENTIAL DIAGNOSIS.

After all, this is one of the most important points in consideration of this subject, and in spite of the many aids we have at our command, many grievous mistakes are still made. It is important to touch upon the many conditions occurring in this region which have to be eliminated in arriving at a thorough diagnosis. The chief important conditions it has to be differential from are gall-stones, cancer and chronic appendicitis. (I am sorry time will not admit of this very important subject of diagnosis being gone into).

Usually the clinical history of the majority of gall-stone cases admits of an easy diagnosis. The chief things are that the symptoms appear in these gall-stone cases in well-defined, decided attacks of short duration, and in which after subsidence there is an intermission of days, months or years, frequently, of perfect health, except in the uncomplicated cases. The attacks

come suddenly, without warning, and there is an abrupt cessation, which is as sudden as the onset.

In cancer the history is a progressive one of gradual emaciation, pain is quite constant, though it may be less acute than in ulcer, more continuous, a dull, depressing ache, as it were, usually intensified by ingested material, usually located in the epigastric region, the gas distention is more chronic and depressing, the appetite is lessened, and there is usually a disgust for food, emaciation, as a rule, rapid, and the patient rapidly takes on languor, which is continuous.

The chief symptoms usually in a clinical history will eliminate chronic appendicitis as the exciting cause.

There is a defined, typical syndrome of symptoms of chronic gastric and duodenal ulcers which is quite pathognomonic. These are the symptoms of indigestion, associated with hunger, sour feeling in the stomach, pain, gas retention, sour vomiting, with or without blood, and the pain recurring two or four hours pretty regularly after meals. Anything that neutralizes the acid, as a rule, gives temporary comfort. Ulcers distal to the pylorus, namely, in the duodenum, give rise to symptoms that, as a rule, vary in degree, and in most cases are perfectly clear, and admit of an unhesitating diagnosis. Sometimes they exist without any symptoms until a sudden, and perhaps fatal, hemorrhage or perforation declares their existence. The pain in a measure differs from that of stomach ulcer; it is produced from irritation of the open ulcer by the hyperacid gastric juice, and comes on after the stomach digestion is complete. In other words, it is more noted just before meals. Coming on just before meals it is often called "hunger pain," and the patient often finds that something taken will relieve the pain. This is explained by a spasm, produced by the pylorus closing when there is food in the stomach and the hyperacid juice no longer gains access to the duodenum. It sometimes occurs significantly in the small hours of morning. It is of a burning character, and located in the right midline or along the costal border. This colicky pain, as said, is caused by pyloric spasm. These patients often do not restrict their food to any great extent, and there is no appreciable loss of weight in the early stages. As the ulcer continues, however, the pain becomes more constant, the diet is often cut down, the patients are underfed, and emaciation results.

In deference to this subject I quote the words of one of the world's foremost authorities, namely, William J. Mayo.

"The average history of the patient with chronic ulcer upon whom we have operated shows that the disease has existed for years. The periodicity of the attack is as well marked as are the attacks of appendicitis or gall-stone disease, the only difference being that in the early history the exacerbations are to be measured by days and weeks, and the intervals by months and years of comparative freedom. These prolonged periods of relief encourage an erroneous belief as to the curability of the disease. In the course of time the attacks become more frequent, and finally the patient arrives at the stage of mechanical obstruction through stenosis, deformity or adhesions, or perforation and hemorrhage precipitate an unfortunate ending."

Acute ulcer of the stomach and duodenum properly belong to the domain of internal medicine, and the complications, such as hemorrhage, perforation and obstructions, are the only ones that claim surgical interference. The *chronic ulcer, the recurrent, bleeding ulcer, the long-standing, callous ulcer,* which entails years of invalidism, and in fully 25 per cent. is the direct cause of death, these more commonly occurring in the form of the "saddle ulcer" of the lesser curvature, even in the opinion of Leube, the most optimistic of men, should not be held under medical supervision longer than four weeks, and then are to be considered surgical. They usually show little tendency to heal under medicinal and dietetic treatment, and when they seem to do so the cure is usually not lasting, and the best statistics indicate that they recur or relapse in at least two-thirds of the cases which are apparently cured, to say nothing of the sequelae and complications which may follow. The statistics of five hundred cases treated at the London Hospital show that about 50 per cent. were uncured by medical means, and of those discharged as cured one-half relapsed. The results secured at the Massachusetts General Hospital were entirely in accord with those of the London Hospital.

Rodman states if we exclude acute ulcer, which we admit tends to heal spontaneously as a rule, it will be found that the mortality under

the medical treatment of chronic ulcer is perhaps actually greater than 50 per cent., so that it would seem that the profession is apt to underestimate the great mortality of gastric ulcers.

It is no longer now a question whether to operate in such cases, but how? In answer to this question I might say that gastrojejunostomy was for a long time considered the operation of choice in both gastric and duodenal ulcers. It was based on a common sense and mechanical principle of both, giving rest to the diseased part by diverting the food and gastric secretions to a new outlet, which should be on the storage side of the stomach, at its lowest point under the cardiac orifice. The "no loop" posterior gastrojejunostomy was conceded to be the best procedure. This certainly accomplished the work and proved curative in many of the duodenal ulcers.

In the earlier period the surgery of chronic gastric and duodenal ulcers was surgery for benign obstruction, and two varieties of operation that were employed were gastrojejunostomy and pyloroplasty of Heinecke-Mickulicz. These were looked upon as cure-alls, and applied indiscriminately, without regard to local conditions, and it was learned from experience that in cases where there was a positive and definite obstruction there was almost certain relief, and a cure, with marked improvement immediately following. Many such cases I can call to mind. The patients were all invalidized by pain, and emaciated from underfeeding up to a point of almost starvation. These were most promising, and the patients took on full vigor and health, and remained permanently well. This same operation soon became the cure-all operation for all stomach maladies, regardless of the true condition present, and was resorted to even where the gross obstruction lesions were not present, and it was made use of in an attempt to forestall these progressive symptoms of starvation from obstruction, and thus to terminate the disability. The reasoning here was faulty, and the results from the operation were even more so; did not compare favorably with the earlier ones, in which the problem was purely one of mechanics, and many cases were made worse rather than better, and as the gastric contents passed out from the stomach as much through the pyloric opening as through the gastroenterostomy opening, the causes for the ulcer were again exerting their influence to retard the healing process.

Surgery is offering ever new incentives. The question which is pre-eminent and of most interest to the surgical world at present is as to the *ultimate* result in these ulcer cases, not so much as to the immediate results. Stomach surgery is still young, and the statistics bearing upon this one point are not sufficiently great to be entirely conclusive. It would be interesting to know how many of the numerous so-called "cures" following a gastroenterostomy for gastric and duodenal ulcer remain permanently cured, and how many will ultimately develop later on carcinoma at the site of the supposed healed ulcer. This, to me, is a subject of great importance.

What has impressed me more forcibly of late pertaining to this particular phase of the subject

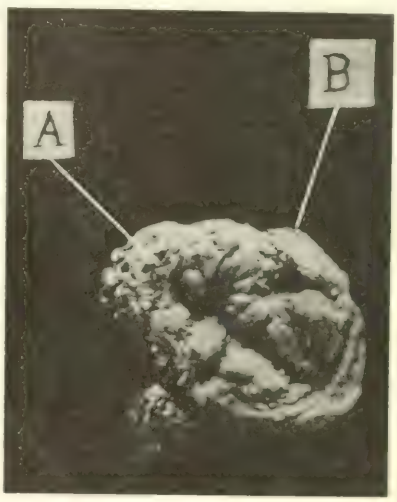


FIGURE II

A portion of the duodenum showing a round ulcer "B" near the pylorus which had penetrated to the peritoneal coat, which formed the floor. The larger darker area "A" is the pyloric opening into the stomach. (To the left.) The tissue around the ulcer was thickened and the microscopic report sent in was that of beginning malignancy.

is that in two out of the last three cases operated upon by me (pylorectomy) the microscopic findings were beginning malignancy. In one of these cases, figure II, the clinical manifestations were totally inefficient to recognize it as beginning carcinoma. In other words, there was no induration, no thickening of moment, nothing to excite one's apprehension from the clinical standpoint that the ulcer was other than a simple, inflammatory ulcer, and yet the microscopic findings were those of beginning malignancy.

On account of the interest of these two cases I wish to briefly call attention to them, as they

illustrate the method I have used, and give the accompanying photographs.

Figure II represents ulcer removed on June 28, 1912, and shows the pylorus cut open and the ulcer, which was nearly perforated, exposed.

The history is:

J. K., aged 43; turned over to me by Dr. Carroll with diagnosis of duodenal ulcer, having symptoms since February, 1911. He arrived at his diagnosis by the use of Einhorn's duodenal content aspirating apparatus, and the patient was turned over to me for operation.

Operation: The operation was done June 28, 1912. A small ulcer was found in the duodenum just beyond the pylorus. Although there was no

FIGURE III

A portion of the first part of the duodenum with the adjacent end of the stomach laid open, showing an ulcer in the former "A." The ulcer is irregularly oval in shape and has penetrated to the peritoneum. The edges are not thickened and there is no exudate on the peritoneal surface. The marker rests in a duodenal crevice. (The broader border shows the marking or scorching of the cautery.)

clinical evidence of malignancy, I did a pylorectomy, and made use of the method I have later called attention to of closing the stomach section. The examination of the resected area showed a small, circular, punched-out ulcer which had penetrated through until the peritoneal coat was reached. The patient made an uninterrupted recovery; returned in August, weighing 129 pounds, and on September 7 his weight was 143 pounds. He has returned to work, and has entirely recovered, and looks a perfect picture of health. In this case the microscopic report sent in from the laboratory was *beginning malignancy.*

The next case, figure III, operation revealed a duodenal ulcer situated about three-fourths of an inch from the pylorus.

The history is:

Mrs. P., aged 32; for the last twelve years she has had digestive disturbances, and suffered great pain in the region of her stomach, and was brought to me for a gall-bladder case.

Operation: At operation a well-marked duodenal ulcer, about three-fourths of an inch distal to the pylorus, was found; considerable thickening going off from the ulcer; the infiltration extended off, and there was a suspicious hard feel in this infiltrated area which made me fear that possibly malignant changes would develop in this case. *A complete pylorectomy* was done, and the same method of operation resorted to. She made an uninterrupted recovery. The report from the microscopic examination showed evidence simply of inflammation without malignant changes. The date of the operation was October 12, 1912, and a report from her on December 3 states she is entirely relieved from pain and soreness, and has no stomach disturbance whatever; likewise a letter from her doctor that same date states that she is a perfectly well woman.

I will pass over the consideration of the other important complications, such as hemorrhage, perforation, etc., and consider for the moment the possibility of that late complication, namely, the oncoming carcinoma, which is so commonly engrafted on the seat of these old ulcers. I have just recently published a number of perforation cases under the title of "Acute Perforation of Gastric and Duodenal Ulcers," and consequently will not go over that subject here.

AS TO LATE COMPLICATION, CARCINOMA.

If it is true, as the statistics show us, that in 70 per cent. of these cases malignant disease has formed at the base of the ulcer, then, if we ever hope to attack this forlorn picture of cancer of the stomach with any prospect of relief, we must attack it in the pre-cancerous stage, and it has been definitely shown by all operators that the pre-cancerous history of cancer of the stomach is that of ulcer, chronic ulcer, and proof of this fact is obvious, and it behooves us to recognize this condition before *bleeding, perforation, obstruction or cancerous degeneration* becomes manifest. Great inroads are made when the cancer attacks this latent ulcer.

Mayo states: "But what has better strength-

ened our position that ulcer is the great and fertile soil of cancer has been the pathological findings during the past four or five years. However satisfactory a long history may be, we have demonstrated that it is not necessary in order to establish the fact that ulcer precedes cancer. Indeed, some of our shortest histories have proved to be those where cancer has been implanted on the non-malignant ulcer base."

A case I saw in the clinic of my colleague a few years ago is so illustrative as exemplifying the importance of this point that I cite it here:

The case was being operated on for pain in the upper abdomen, with symptoms pointing toward gastric ulcer near the pylorus, and there was so little evidence of thickening or obstruction at the pylorus that I did not urge a radical operation. There was, doubtless, in this case a definite ulcer which was just beginning, and was overlooked by both the operator and myself. It was left, the patient recovered from the operation, and returned in less than a year with an inoperable cancer at this point. Now, at the time I examined it there was no evidence of cancer there whatever, and the thickening was so slight that I did not think it warranted, in my opinion then, a resection.

Rodman in 1906 states that if the ulcer or ulcers are situated near the pylorus, as they will be in *ninety per cent.* of all cases, pylorectomy or excision of the ulcer-bearing area should undoubtedly be given the preference. This seems rational, from the fact that ulcer and cancer occur practically in the same area. Each occur at the pylorus in 90 per cent. of all cases. The conclusion is almost an irresistible one—that malignant tendency must be far more common than hitherto suspected. *One-third of all carcinomata* occur in the human stomach, and the fact that constant irritation is known to be a potent factor in transferring benign into malignant ulceration, which factor is present at all times in this organ.

The trend of opinion during the past year, frequently outspoken by authors both here and abroad, tends to show the great tendency of callous gastric ulcers to carcinomatous change. In Germany and France, the trend of opinion likewise is developed in this direction, so that if we are to trust for improvement in the future, the rational solution of the ulcer-bearing area would indicate the excision, if possible, by pylorectomy or gastrectomy, or if located in other portions of the stomach, excision of the ulcer is indicated. What could be more forlorn than the present cancer problem of the stomach? Every day we are opening abdomens, simply to close them again where an inoperable carcinoma of the stomach is shown to exist.

Tuffier concludes that every gastric ulcer which is solitary, and which is easily accessible, should be extirpated. Many surgeons have emphasized the impossibility of distinguishing malignant from inflamed tumors of the stomach by gross examination. The general trend of opinion seems to be leading to this: That gastric ulcer situated in the body of the stomach, but not yet causing stenosis, is not cured by gastroenterostomy. Resection, when possible, should be done, not only because the ulcer is not cured by gastroenterostomy, but mainly because its continued existence is a constant menace as regards the probability of a change to carcinoma.

So it would seem that our only hope is to keep constantly before us the predisposing conditions which are becoming more and more clearly outlined, and adopt radical lines of treatment by attacking the disease in its pre-cancerous state, namely, in the ulcer or non-malignant state, and thus head off, through prevention, this frightful and dreadful picture of carcinoma of the stomach, which, when brought to the surgeon, is so commonly found to be inoperable. In other words, our only chance of fighting cancer of the stomach is to attempt to cure, not the cancer, but the stage immediately preceding it, namely, ulcer.

MORTALITY.

The mortality of even the more complicated operations does not exceed 3 per cent., while the cures will, I believe, run 95 per cent., or over.

Unfortunately, on account of the false conception, the improper knowledge of the findings, of the mistakes in diagnosis, the absence of the ulcer in many cases for which blundering surgery has been done, the performance of many so-called cure-all gastroenterostomies which had not been indicated and were totally unwarranted, many failures as to cure resulted, and an immeasurable amount of discredit brought on stomach surgery. So is there any reason, then, that there exists such a wide diversity of opinion between internists and surgeons?

OPERATIONS OF CHOICE.

The operations of choice here, it seems to me, should be about as follows:

Gastro-enterostomy is still a most valuable operation in cases of benign stenosis, with obstruction resulting from healed ulcers.

When the ulcer is away from the pylorus, either as a "saddle ulcer" on the lesser curvature or in the body of the stomach, resection of the ulcer and ulcer-bearing area is indicated.

For chronic ulcers in the pyloric arm of the stomach, near the pylorus, and duodenal ulcers, the operation of Rodman, namely, *pylorectomy*, is, in my judgment, the operation of choice.

I fully appreciate that since the very valuable contribution to this subject of gastric and duodenal ulcers, as given by Dr. Robert F. Weir in 1900, which cited only a small number of cases, which were dealing principally with acute perforations, the articles pertaining to this subject have been so numerous that it has almost worn threadbare, and my chief excuse in presenting this paper is to call attention to a method of procedure which I have recently adopted in the last few cases, which seems to be in a measure different in some of its details from any that I have personally seen, so that as it has answered very satisfactorily in my hands, I call attention briefly to it here.

OPERATION.

The method of procedure that I have been using in the last few cases I will briefly describe, the essential difference from the ordinary procedures adopted being the way in which the *stomach section is closed*. It has proven most satisfactory in my hands, and I herewith briefly describe it:

The pylorus is gotten up, freed thoroughly, traction made upon it as it is freed from the surrounding parts; then all the blood vessels are tied off from the lesser curvature and the greater, and from the duodenal side as far back as the line for the sectioning is indicated. In other words, the blood vessels are completely secured at the *sectioning line*. This is done so that there will be no fear of hemorrhage when ligating. After this is completed and the pylorus is freed, the line where the section is to be made is determined, and an incision is made completely around on the stomach side from the lesser to greater, and from greater to lesser curvature on the posterior wall. This goes down to the submucosa in the entire circumference. The serous coat and the muscular coat are then stripped back for a certain distance as a cuff, as indicated by figure IV, and when the vessels have been thoroughly tied off, there is no bleeding, as a rule, from the stomach vessels that remain in the wall.

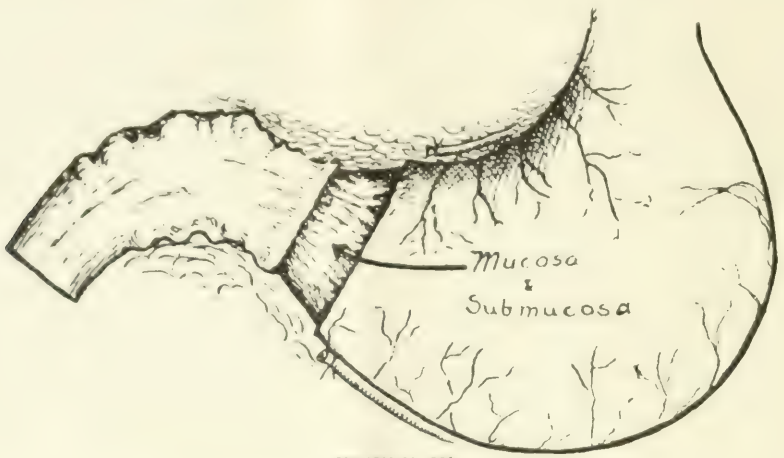


FIGURE IV.

Muscular and peritoneal coats stripped back.

After this cuff has been turned back, a stout pursestring suture is put in all the way around the entire circumference of the stomach. The sub-mucosa is then crushed so as to lessen the size of this section, as indicated in figure V. This is done by clamping it first antero-posteriorly, and then horizontally, and after a few crushes are made in this way the size of the stomach at this point is reduced so that a catgut ligature is

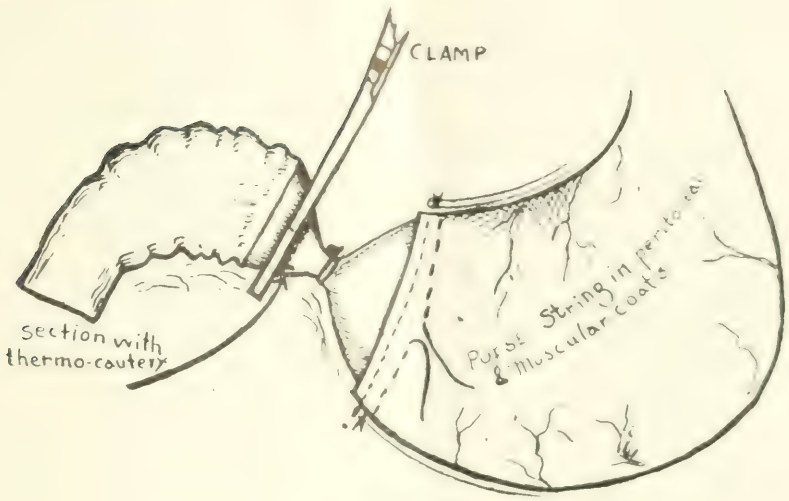


FIGURE V.

Mucosa and submucosa crushed and ligated with catgut preparatory to amputation of pylorus with cautery.

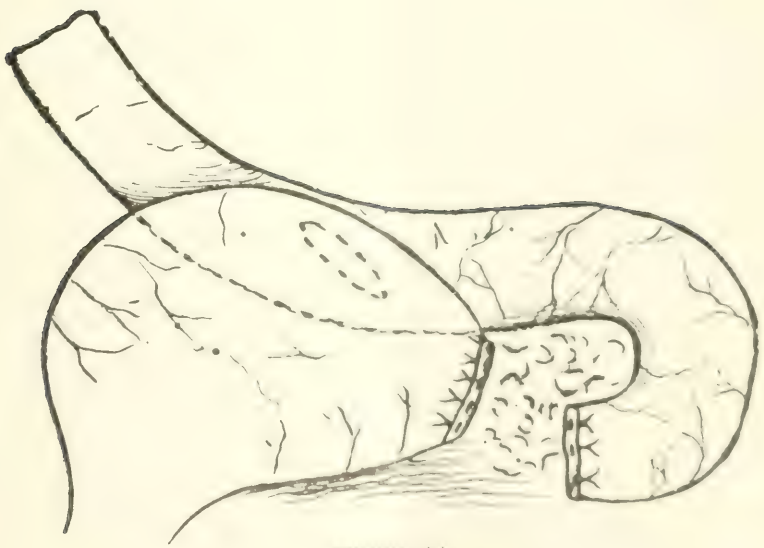


FIGURE VI.

Operation completed. Pylorectomy and posterior gastro-enterostomy.

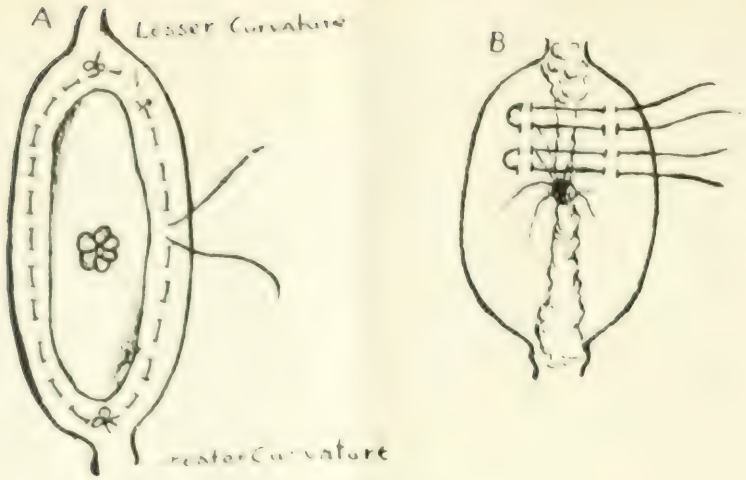


FIGURE VII.

Purse-string suture of heavy silk in muscular and peritoneal coats, inverting stump of mucosa.

Stump covered in with mattress sutures.

[illegible] on at the line of crushing, a clamp is then applied to the pyloric side distal to the ligature, and with the knife of a paquelin cautery a section is made, as is indicated in figure V. This same procedure is done on the duodenal side, and as soon as the section is made with the cautery, which makes a perfectly aseptic operation thus far, with no leakage whatever, or contamination, the stumps are invaginated and the purse-strings sutures tied. Then, with a few Lambert sutures over this, the ends are snugly brought together, so there is no fear of leakage. This is more or less quickly done, and it completes the pylorectomy. Then a posterior gastro-enterostomy is done as is indicated in figure VI.

Figure VII shows end of the inverted section of the stomach. "A" indicates the suture tied around the sub-mucosa and mucous membrane, and also shows the purse-string suture introduced. "B" shows purse-string suture tied and mattress sutures put in over it to fortify the stump and to bring another layer of serous surfaces together over it.

The advantages that seem to me to go with this method of procedure are:

1. The resection is done in a perfectly aseptic manner. There is no contamination, no leakage, and up to this point there has been complete absence of any soiling whatever.

2. It is done more quickly and, therefore, is time-saving in character.

3. It is done with practically no loss of blood.

4. The chief thing that appeals to me is, there is no large, raw, bleeding surface turned into the stomach proper, and in the few cases that I have used it the completion of it has seemed more neat and more thorough than any of the other methods of resection I have ever employed.

We are in receipt of the following letter from Dr. Simon Wickline Hill, class of 1909, who is located in Regent, N. D.:

"January 7, 1914.

"Dr. [illegible] Winslow,

"608 *Professional Bldg., Baltimore:*

"Dear Doctor—Please find enclosed $2 for subscription to HOSPITAL BULLETIN. I am always glad to get it and know something of what is going on around the old University.

"I have a very good location, and like the West fine. We have had fine weather here all fall, almost no snow and very little cold weather. Never saw nicer weather anywhere than we have had here this year.

"With very best wishes to you and all the class of '09.

"Fraternally yours,

"S. W. HILL."

Dr. John Henry Sullivan, Baltimore Medical College, class of 1898, is located at Fort Dade, Tampa, Fla.

THE HOSPITAL BULLETIN

BALTIMORE MEDICAL COLLEGE NEWS

A Monthly Journal of Medicine and Surgery

PUBLISHED BY

THE HOSPITAL BULLETIN COMPANY

608 Professional Building

BALTIMORE, MD.

Subscription price, . . . $1.00 per annum in advance

Reprints furnished at cost. Advertising rates submitted upon request

Editors

NATHAN WINSLOW, M.D. J. M. H. ROWLAND, M.D.

BALTIMORE, FEBRUARY 15, 1914.

THE MARYLAND STATE UNIVERSITY.

For some time the problem of higher education in Maryland has been an acute one. There is no State university, though there are many private colleges and schools, receiving substantial aid from the State. Over these institutions the State has no control whatever, and the bounty of the Commonwealth is expended without any adequate return to the taxpayers in some cases. At the best there is an overlapping of courses and a waste of effort and money. In the interest of economy and in furtherance of education there is a widespread demand that some of the State-aided institutions be gathered into a State university, and there is a strong probability that this will be done at the present session of the Legislature. The institutions that are mentioned in the bill introduced by Senator Maloy are St. John's College, Annapolis; Washington College, Chestertown; Western Maryland College, Westminster; The Maryland Agricultural College, College Park; Blue Ridge College, New Windsor; the professional schools of the University of Maryland, the College of Physicians and Surgeons of Baltimore and the Maryland Medical College. The latter school is dead beyond resuscitation and can cut no figure in the proposed amalgamation. The government of this proposed State university is to be vested in a board of regents consisting of the Governor and other State officers and a representative from each Congressional district, appointed by the Governor, and two representatives from each affiliated institution. It is thought that this bill will be passed by the Legislature and will be signed by the Governor.

THE PATHOLOGICAL ENDOWMENT FUND.

"Leg over leg the dog went to Dover,
When he came to a stile, jump, he went over."

The above quotation is an expression of easy attainment. We have been legging it for some time, but have not been able to jump the stiles that obstruct our road to Dover. We have tried to jump, but our efforts have not carried us over the stile. We have tried to find a hole in the fence through which we might squeeze, or a low place over which we might climb, or even to dig our way under the gate; but in spite of our endeavors we find the road to Dover a very hard one to travel. Will not some kind friend open the gate for us, or let down the bars, so that we may continue on the road to Dover?

CONTRIBUTIONS BY CLASSES.

1848	$50 00
1864	20 00
1868	10 00
1871	35 00
1872	80 84
1873	510 85
1874	5 00
1875	5 00
1876	115 00
1877	10 00
1880	5 00
1881	255 00
1882	310 00
1883	40 00
1884	40 00
1885	235 00
1886	100 00
1888	50 00
1889	100 00
1890	200 00
1892	150 00
1893	40 00
1894	135 00
1895	155 00
1896	52 00
1897	80 00

1898	115 00
1899	55 00
1900	230 00
1901	280 00
1902	330 00
1903	375 00
1904	135 00
1905	220 00
1906	240 00
1907	120 00
1908	50 00
1909	40 00
1910	75 00
1911 Terra Mariae	3 50
1912 Club Latino Americano	25 00
1913 Club Latino Americano	30 00
1913 Adjunct Faculty	19 85
Total to February 1, 1914	$10,705 02

NEW SUBSCRIPTION IN JANUARY.

Leo Karlinsky, 1909	85 00

MEMORIAL TABLET TO DR. CORDELL.

It has been suggested that a memorial tablet be placed in Davidge Hall to the memory of the late Dr. Eugene F. Cordell. A more fitting place could not be found for the tablet, as it was there Dr. Cordell spent many of his last hours.

Feeling that many of Dr. Cordell's friends are desirous of contributing toward this tablet, we take this opportunity of announcing that a subscription list has been opened. The following have subscribed:

Dr. A. M. Shipley, $25.
Dr. Nathan Winslow, $10.
Dr. D. W. Cathell, $10.
Dr. Eugene Kerr, $10.
Dr. Randolph Winslow, $10.
Mrs. Randolph Winslow, $5.
Dr. Hiram Woods, $10.
Dr. J. W. Holland, $10.
Dr. J. Mason Hundley, $10.
Mrs. Nathan Winslow, $1.
Dr. Joseph E. Gichner, $1.
Dr. Ernest Zueblin, $5.
Dr. Edgar G. Ballenger, $10.
Dr. Louis W. Armstrong, $5.
Thomas & Thompson Company, $10.
Dr. Wilmer Brinton, $5.

Subscriptions may be sent to Nathan Winslow, 608 Professional Building. Acknowledgment of receipts will be made in THE HOSPITAL BULLETIN.

THE GENERAL ENDOWMENT FUND.

Owing to the death of Professor Cordell, who was much interested in collecting funds for the formation of a general endowment fund for the use of the University as a whole, collections for this purpose have entirely ceased. Dr. Cordell had numerous written promises of contributions to this fund that have never been fulfilled. Since his death we have not been able to secure his list of subscribers; perhaps we may receive it later. In the meanwhile we ask those who have pledged themselves to contribute to this needful fund to send their contributions to Dr. Nathan Winslow, 608 Professional Building, Baltimore, who will acknowledge their generosity and will turn over all contributions to the Trustees of the Endowment Fund.

ITEMS

The University of Maryland record at the December, 1913, State Board examinations is as follows:

Number.	Class.	Anatomy.	Surgery.	Pathology.	Obstetrics.	Practice.	Chemistry.	Materia Medica.	Therapeutics.	Physiology.	Total.	Average.
1	1913	75	..	..	..	81	..	75	..	75	....	..
10	1913	46	81	..	..	75	65	..	..	..	....	..
14	1913	71	75	79	77	80	80	75	80	75	692	77
15	1913	78	81	86	79	75	68	82	78	78	705	78
18	1911	..	..	..	75	75	80	76	75	..	....	..
19	1913	73	86	93	89	78	97	93	92	77	778	86
24	1912	62	81	78	87	77	55	65	69	89	663	74
26	1913	80	81	90	..	80	88	84	..	80	....	..
37	1912	50	75	85	88	76	55	37	73	80	629	70
39	1913	72	79	77	79	82	75	67	81	79	682	76
45	1912	94	87	98	96	92	98	90	94	77	826	92
48	1912	68	75	63	68	70	62	75	66	75	622	69
49	1913	1	76	78	..	..	75	75	82	76	....	..

In the above summary an average of 75 is required of those participating in the examination for the first time in order to secure a license. Those who have failed are eligible to re-examination at the expiration of six months. They are then obliged to receive a rating of 75 in each branch in which they are re-examined before license can be issued. Under the Maryland laws, students who, at the end of their second year, have successfully passed their college examination in Anatomy, Chemistry, Materia Medica and

Physiology are entitled to examination by the Board of Medical Examiners in these branches. The ratings made by these students in the examination known as the "second-year examination" are carried forward and made part of the final examination, when an average of 75 must be obtained to secure a license. We trust that this statement will make clear the apparently incomplete examination of certain participants.

Dr. Albert Daly, Baltimore Medical College, class of 1905, of Bayonne, N. J., was installed as Mayor of Bayonne, January 1, 1914. He was a skilful baseball player when a boy, and attracted the attention of Walter Burnham, manager of the Newark team of the Eastern League, who signed him in 1902. The following season Mr. Daly played second base for the Philadelphia Athletics, being signed by Connie Mack. He later bought and held interest in the Hartford Club of the Connecticut State League, which he managed for a year. Dr. Daly is 32 years of age.

We are in receipt of the following letter from Dr. N. Kenawy, class of 1905, who is located at 11 Boulevard de Ramleh, Alexandria, Egypt:

"January 6, 1914.

"To the Hospital Bulletin:

"It gave me great pleasure to notice in the BULLETIN a suggestion from my classmate, Dr. G. Rytina, concerning a reunion of our class of 1905 for their tenth anniversary.

"I take this occasion to congratulate all my fellow-classmates on their tenth anniversary, and I wish from the bottom of my heart to be present in such a reunion, in order to see the 'old faces' of my classmates for the second time, but down with the long distance that keeps me away from you!

"I close with best wishes and kindest regards to all my professors and classmates. I will be very glad to hear from any one of them, especially the (BIG) Three, *i. e.,* Bob Mitchell, P. Bay, and I am the third.

"Yours truly,

"N. K[illegible], 1905."

Miss Ruth Kuhn, University Hospital Training School for Nurses, class of 1905, Superintendent of Nurses of the Atlantic Coast Line Hospital, Waycross, Ga., who was operated on recently at the University Hospital, is reported to be doing nicely.

Dr. Charles L. Mattfeldt, class of 1886, of Catonsville, Md., gave a family dinner Wednesday evening, January 14, at his home on Frederick avenue in honor of his 47th birthday. Dr. Mattfeldt was born and raised in Catonsville, and is a district deputy of the Odd Fellows. He is also president of the Catonsville Permanent Building and Loan Association, and an Elk.

MARRIAGES

Dr. Charles Willis Larned, class of 1893, of 1327 Park avenue, to Miss Cornelia Lee Pattison of Roland Park, at Baltimore, February 2, 1914. Immediately after the ceremony Dr. and Mrs. Larned left for New York. On their return they will live at 1327 Park avenue, the home of the groom. Dr. Larned is a grandson of the late General B. F. Larned, U. S. A., and is also related to the Murray and Stump families of Maryland. He is an instructor in the Johns Hopkins Medical School, and a member of several leading clubs.

Dr. Branch Craige, class of 1909, to Miss Else Betty Kohlberg, both of El Paso, Tex., at El Paso, January 21, 1914. After a short wedding trip, Dr. and Mrs. Craige will reside in El Paso, where the groom is practicing his profession.

Dr. William Edwin Gallion, Jr., class of 1912, of Darlington, to Miss Sarah R. Rites of Arlington, Md., at Danbury, Conn., July 25, 1913. Dr. Gallion was a resident physician at the University Hospital from 1912-1913. He is located in Darlington, Md., having bought out the practice of Dr. J. Howard Tobias, who has located in Hancock. Mrs. Gallion was before her marriage a member of the class of 1914, University Hospital Training School for Nurses.

Dr. Joshua Rosen, class of 1913, to Miss Louise Carey, both of Baltimore, Md., at Romeyville, W. Va., Saturday, February 7, 1914. Dr. Rosen, it is understood, will go to New York to take up work in the Post-Graduate Medical School in neurology and psychiatry. Upon completing his course there, he and his bride will reside in Baltimore.

HOSPITAL BULLETIN

OF THE

UNIVERSITY OF MARYLAND

VOLUME IX

FEBRUARY 15, 1913—FEBRUARY 15, 1914

CONTRIBUTORS TO VOLUME IX

	PAGE
Adler, Harry, M.D.	142
Addy, Thomas A., M.D.	123, 143
Barker, Lewellys F., M.D.	138
Bonaparte, Charles J.	97
Buch, J. M.	41
Bulluck, Ernest S., M.D.	201
Carroll, Albert Hynson, M.D.	155
Cathell, D. W., M.D.	142
Dawkins, Judge Walter I.	30, 141
Delaney, C. Ward	5
Fell, Dr. Thomas	21, 77, 80
Field, Philip S., M.D.	88
Goldsborough, Hon. Phillips Lee	93
Hayden, Rev. Horace Edwin	141
Hemmeter, John C., M.D.	22
Hershey, Omar F., LL.B.	178
Hopkinson, B. Merrill, D.C.D., M.D.	28, 180
Hynson, Henry P., Phar. D.	31
Kelly, Howard A., M.D.	130
Kenawy, N., M.D.	66
Kuhn, Ruth R. R. N.	195
Linn, Willis, M.D.	86
Linthicum, G. Milton, M.D.	70
Lynn, Frank S., M.D.	173
McMillan, Roscoe D., M.D.	100, 125
Mackenzie, Thomas, LL.B.	25
Maldeis, H. J., M.D.	89, 191
Marden, Tilghman B., M.D.	60
Martin, Frank, M.D.	209
Matthews, A. Aldridge, M.D.	196
Merrick, S. K., M.D.	27
Moillet, A. K., M.D.	161
Nance, Fuller	45
Nydegger, J. A., M.D.	82
O'Donovan, Charles, M.D.	144
Ray, H.	11
Rice, William F.	47
Schott, Edward H.	110
Shepherd, Henry E., LL.D.	140
Smith, M. Duke	127
Thayer, W. S., M.D.	146
Tollison, C. C.	10
Tullidge, E. Kilbourne	108
Walsh, William S.	107
Wanner, J. R.	198
Whelchel, C. D.	46
Wilkinson, Vernon S.	11
Williams, D. T.	32
Winslow, Randolph, M.D.	103, 119, 147
Wootton, W. T., M.D.	1
Zueblin, E., M.D.	89

INDEX TO VOLUME IX

PAGE

A Few Remarks 142
A University of Maryland 178
Academic Day 183, 185
Academic Department, or St. John's—A Word of Appreciation in Behalf of the ... 30
Academic Outlook and Developments of the Future by which Boards of Education and Academic Circles Will Judge the Status of the University of Maryland, The 22
Address Delivered at the Annual Meeting of the Alumni Association 88
Address Delivered at the Semi-Annual Meeting of the University of Marland Alumnae Association of Graduate Nurses 82
Address of Governor Phillips Lee Goldsborough to 1913 Graduating Class 65
Adequate Treatment of Syphilis, The 1
Advantages of the Merging of the Baltimore Medical College and the University of Maryland, Some Remarks Upon the 79
Aid from the Alumni, More 25
Air Embolism 47
Alma Mater, Emblem of Our 187
Allen, Lewis M 184, 190
Alumni of the University of Maryland, March 27, 1913, Outline of Remarks Made by the Provost, Dr. Fell, at the Reception of the 21
"Integer Vitae Scelerisque Purus" 140
Alumni as Officers of Medical and Chirurgical Faculty 202
Alumni Baltimore Medical College, To Our 131
Alumni of B. M. C. in Virginia 117
American College of Surgeons 184
Anderton, George A 117
An Appreciation 141
Anesthesia, Brief Sketch on 168
Annual Meeting of the Alumni Association, Address Delivered at the 88
Appeal of the Provost to the Public, The 34
Arresting Hemorrhage in Operation 10
Ashbury, Howard E 185
B. M. C. Alumni in Virginia 117
B. M. C. Alumni, To Our 131
Benson, Clarence 207
Berkeley, Henry J 14
Births 19, 40, 57, 78, 96, 172, 208
"Bis Dat Qui Cito Dat" 111
Blood Pressure in General Practice 168
Board of Regents 134
Book Reviews 20, 58, 97, 128, 182, 200
Brent, Hugh W 208
Brian, Miss Nancy 200

PAGE

Brewington, Miss Esther E 154
Brief Sketch on Anesthesia 168
Brooke, Roger 115
Brown, Paul 117
Buch, Letter from Dr. J. M 171, 180
Bunting, Joseph M 118
Burleson, Louis N 78
Burns, William L 93
Burrus, Chas. O 78
Burton, Miss Cora N 117
Cantwell, Harry Arthur 172
Carson, Wm. C 78
Carter, James P 118
Catts, Samuel Rozier 154
Causey, Peter Prentiss 154
Chappelear, Frederick S 90
Chesapeake Bay to Puget Sound and Back, From 103, 119, 147
Chew, Samuel C 180
Chipman, Wm. T 90
Chi Zeta Chi Fraternity 185
Clark, J. Clement 205
Clark, Traddeus W 206
Class of 1873, The 51
Of 1881 ..... 71, 111
Of 1882 111
Of 1903 54
Of 1904 204
Of 1905 ..... 106, 188
Coale, Prof. Robert Dorsey, Illness of .. 201, 208
Commencement, The One Hundred and Sixth Annual 73
Commencement, The Thirty-second Annual (B. M. C.) 73
Commencement, University Hospital Training School for Nurses 170
Comparison Between Wasserman and Luetin Reaction, with Report of Cases 191
Connor, Miss Bernice 190
Consolidation, The 35
Consolidation Effected 33
Cordell, Eugene Baumbergy ... 129, 134, 137, 140, 150, 153, 164, 169, 183, 202
An Appreciation 141
An Estimate of the Late 142
A Few Remarks 142
Endowment Fund and 139
"Integer Vitae Scelerisque Purus" 140
Letter from Dr. Bowen 169
Life of 140
Maryland's Medical Historiographer 138
Memorial Tablet to 129, 153, 164, 183
Old Mortality 139

PAGE

Personal Resolutions of 143
Resolutions on the Death of 145
The Man 143
Craige, Dr. Branch 223
Crousliore, Charles C 54
Crowell, A. J 114
Crutchfield, Eugene L 96
Curtiss, Miss N. E 207
Daly, Albert 221
Daniels, William H 186
Dawson, Miss Ethel M 190
Deaths 19, 40, 57, 78, 99, 118, 134, 154, 172, 190, 208
Deaths in Year 94
Deparment of Pharmacy, Felicitations and Good Wishes from the 31
Derr, Hamilton K 19
Devilbiss, Clifton N 57
Devine, Frederick R 95
Diarrheal Diseases of Infancy, a Few Remarks on the Management of 125
Diseases of the Ear 97
Disease, Stokes-Adams, with Report of a Case 5
Dispensary Notes 38, 77
Report of University Hospital, April 1, 1912, to April 1, 1913 98
Downs, Edward L 118
Duodenal Tube, a Brief Discussion Regarding Its Uses and Value 155
Dutrow, Howard V 206
Eclampsia, Symptoms and Pathology of 41
Editorials 12, 33, 50, 71, 91, 111, 129, 151, 163, 183, 201, 219
Edwards, V. E 95
Eichelberger, James W 19
Emblem of Our Alma Mater 187
Embolism, Air 47
Fat 107
Emery, James 117
Endowment Fund of the University of Maryland, Dr. E. F. Cordell and the 139
Eugenics, Practical Application of the Science of 123
Everhart, Geo. S 96
Example to Be Emulated, An 51
Faculy of Physic, 1913-14 133
Fund, The 72
Fat Embolism 107
Fehsenfeld, A. L 132
Felicitations and Good Wishes from the Deparment of Pharmacy 31
Fell, Dr. Thomas, Dinner to 113
Felts, R. L 114
Few Words on the Profession of Nursing, A. 67
Filariasis, with a Practical Demonstration of Living Embryo of the Filaria Sanguinis Hominis (Nocturna) 60
Final Results 71
Fine, M. J 38

PAGE

Fletcher, Oscar R 78
For Higher Ideals in the South 195
Fractures of the Skull 108
Fractures, The Open Treatment of—Report of Cases 173
Frederick County Medical Society 207
From Chesapeake Bay to Puget Sound and Back 103, 119, 147
Gallion, William F., Jr 221
Gastric and Duodenal Ulcers, Symptomatology of 45
Gastric and Duodenal Ulcers, with Special Reference to the Method of Operative Procedure Employed 211
General Alumni Association, Officers of 162
General Endowment Fund, The 220
Goldback, Leo J 154
Gordon, Walter C 208
Gorgas, Ferdinand J. S 172
Gorter, Nathan R 190
Graham, John Francis 134
Greetings to Our New Provost from the Dental Department 28
Griffith, Monte 118
Gunby, Hiram H 57
Halibi, A. N 38
Hammond, William D 154
Harford County Medical Association 207
Harlan, Herbert 153, 165
Harlan, Henry D 110
Harris, James Edwin 57
Heller, George 206
Hemmeter, John C 77
Letter from Dr 170
Hemorrhage, Arresing of in Operation 10
Henkel, Charles B 208
Henkel, Louis B 206
Hering, Joshua W 132, 154
Hernia in Infancy, Strangulated 196
Umbilical 46
Hill, S. W 218
Hopkins, Howard H., Jr 186
Hopkins, Walton H 206
How Was It Done—The Merger 27
Hydrocele, Symptoms of 32
Ideals, for Higher in the South 195
Illness of Prof. Robert Dorsey Cole 201, 208
Index to Volume IX 222
International Clinics 20, 58, 128, 200
Integer Vitae Sclerisque Purus 146
Irwin, John R 114, 115
Items 15, 36, 52, 72, 92, 113, 132, 153, 165, 184, 203, 220
Jenkins, H. E 95
John, Peter 114
Johnston, Christopher 14
Kemp, Wm. Frederick A 118
Kenawy, N 221
Kennard, Henry W 165
Kerr, Eugene 205
King, Annie W 57

PAGE

Knox, John, Jr. 192
Kolb, Lawrence 115
Krozer, John J. R. 131
Kuhn, Miss Ruth R. 208
Laboratory Report of the University Hospital, Month of June 98
Latin-American Club Officers 192
Larned, Charles W. 221
Lebret, Gerard Henry 190
LeGro, L. B. 96
Levinson, Bernard 116, 187
Library, The University 163
Linn, Willis 116
Living Embryos of the Filaria Sanguinis Hominis (Nocturna), Filariasis, with a Practical Demonstration of 60
Loss, An Irreparable 129
Luetin Reaction, Comparison Between Wasserman and 191
Lyon, William C. 54, 77
McDaniel, Frederick L. 95
McDermott, Michael J. 172
McKee, John S. 115
McMullen, John 169, 186
McPherson, John W. 134
Macks, Isaac M. 115
Maldeis, Howard J. 172
Marine Plasma, Treatment by 69
Marriages 19, 40, 57, 78, 96, 117, 154, 172, 190, 208, 221
Martin, Mrs. Frank 172
Maryland, A University of 178
Maryland Legislature 201
Maryland's Medical Historiographer 138
Maryland State Board Examination 132
Maryland State University, The 219
Matthews, Alva Adair 190
Memorial Tablet to Dr. Cordell 153, 164, 183, 202, 220
Metzel, Roscoe C. 169
Missildine, John Quirley 190
Money 12
Moose, Gurley Davis 190
More Aid from the Alumni 25
Mullan, Eugene Hagan 115
Murphy, James J. 200
Murray, James Henry 118
Myers, Evans M. 96
Neale, L. Ernest 95
Nichols, Chas. F. 57
New Educational Requirements Preliminary to the Study of Medicine 12
Newhouse, Benjamin 190
New-Year's Wish, A 202
Noble, Jacob L. 78
Nurses' Alumnae Association of University Hospital 208
Nydegger, James A. 115
Obstetric Problems in General Practice, Radical and Conservative Management of 100
O'Donnell, Thomas Joseph 154

PAGE

Offutt, Lemuel 54
Old Mortality 139
O'Neal, John W. C. 78, 135
O'Neal, Walter Harry 169
Operation, Schede's 11
Our New Provost, Greetings from the Dental Department 28
Outline of Plan for a State University in Maryland 80
Outline of Remarks Made by the Provost, Dr. Fell, at the Reception of the Alumni of the University of Maryland, March 27, 1913 21
Open Treatment of Fractures, Report of Cases 173
Operative Procedure Employed, Gastric and Duodenal Ulcers, with Special Reference to the Method of 209
Parlett, Edgar M. 134
Pathological Endowment Fund, The 34, 51, 72, 91, 112, 131, 153, 163, 184, 201, 219
Pearlstine, Kivy 114
Personal Recollections of Dr. E. F. Cordell 143
Pflaltzgraff, S. K. 207
Pflueger, C. J. 77
Practical Application of the Science of Eugenics 123
Pressley, Ebenezer W. 116
Prevention of Tuberculosis in School Children 101
Price, Miss Lula Conway 154
Private Duty Nursing 58
Promotions 33
Porter, Minor G. 96
Profession of Nursing, A Few Words on 67
Query, Miss Clara E. 164, 190
Radical and Conservative Management of Some Obstetric Problems in General Practice 100
Randolph Winslow Surgical Society 171
Ranula, Symptoms and Treatment of 127
Recent Meetings in Chicago, The 12
Registration of 1913-14 163
Relation of Roger's Albumen Reaction to the Pathology of Miners' Pneumokoniosis 161
Remarks on the Management of Diarrheal Diseases of Infancy 125
Resident Medical Students, 1913-14 110
Resolutions on the Death of Dr. E. F. Cordell. 145
Retrospect, Session 1912-13 50
Richards, Hampton 38
Riddick, W. J. 95
Ridgely, Miss Eliza Nolley 117
Riley, John L. 185
Roberts, Charles Wesley 207
Robertson, John William 154
Roger's Albumen Reaction, The Relation of, to the Pathology of Miners' Pneumokoniosis 101
Rosett, Joshua 205, 221
Rowland, Ernest 115

PAGE

Russell, Miss Augusta Cassandra... 100
Sarmas, Faustino... 14
Schede's Operation... 31
Schmidt, Chas. L... 208
Senior Class Officers... 207
Serodiagnosis of Pregnancy, Tuberculosis, Gonorrhea and Syphilis, Tentative Report of... 80
Session, The Opening of the... 140, 152
Shakhashiri, A. G., Letter from... 186
Shipley, Benj. F... 190
Shortle, A. G... 115
Shupe, Marcellus B... 57
Skull, Fractures of the... 168
Summons, Horace M... 90
Simple Ganglion at the Wrist... 110
Smink, Claude C... 90
Smith, E. Sanborn... 93
Smith, J. Holmes, Jr... 38, 95
Smith, Manly C... 95
Smith, Wm. M... 78
Smulyan, Isadore Clarence... 118
Some Remarks Upon the Advantages of the Merging of the Baltimore Medical College and the University of Maryland... 70
South, For Higher Ideals in the... 105
South Baltimore Eye, Ear and Throat Hospital... 187
Spencer, H. R... 117
Spruill, J. L... 114
Squires, Miss Lucy G... 190
State Board of Health's New Home... 186
State University, Outline of Plan for a... 80
Status of the University of Maryland, The Academic Outlook and Developments of the Future by which Boards of Education and Academic Circles Will Judge the... 22
Stein, Maurice I... 190
Stokes-Adams Disease, with Report of a Case... 5
Strangulated Hernia in Infancy, with Report of Four Cases... 100
Sullivan, John Henry... 218
Surgeons, American College of... 183
Surgery of the Vascular System... 182
Symptoms of Hydrocele... 32
Symptoms and Pathology of Eclampsia... 41
Symptoms and Treatment of Ranula... 127
Symptomatology of Gastric and Duodenal Ulcers... 45
Syphilis, The Adequate Treatment of... 1
Taneyhill, G. Lane... 185
Tentative Report on Serodiagnosis of Pregnancy, Tuberculosis, Gonorrhea and Syphilis... 80
The Merger—How Was It Done?... 27
Thomas, Pride Jones... 118
Timberlake, Prof. G... 203
Training School for Nurses, Class of 1892... 16
Of 1893... 16
Of 1894... 16
Of 1895... 16
Of 1896... 16
Of 1897... 16
Of 1898... 16
Of 1899... 16
Of 1900... 16
Of 1901... 16
Of 1902... 17
Of 1903... 17
Of 1904... 17
Of 1905... 17
Of 1906... 52
Of 1907... 53
Of 1908... 53
Of 1909... 54
Of 1910... 54
Of 1911... 54
Of 1912... 54
Of 1913... 55
Treatment by Marine Plasma... 69
Trigger Finger... 11
Truitt, George Washington... 172
Truitt, George T... 208
Tuberculosis, Prevention of in School Children... 101
Umbilical Hernia... 46
Undergraduate Notes... 17, 38, 50
University Council... 132
University Hospital, Woman's Auxiliary Board of... 165
University Library, The... 163, 167
University of Maryland, A... 178
Alumnae Association of Graduate Nurses, Address Delivered at the Semi-Annual Meeting of the... 82
Medical Society... 187
Up to You, When It's... 86
Van Poole, Gideon McD... 171
Vinup, Frederick H... 96, 185
Walter, George... 184
Washington County Medical Society... 207
Wasserman and Luetin Reaction, Comparison Between... 191
Wealth Alone Is Not an Unalloyed Blessing... 113
When It's Up to You... 86
Whitney, E. L... 117, 208
Wiener, Hyman R... 172
Wiggin, Miss Mary C... 95
Wiley, William Wyatt... 136
Winslow, Fitz-Randolph... 172
Winslow, Randolph... 76
Woman's Auxiliary Board of University Hospital... 165
Word of Congratulations in Behalf of the Academic Deparment, or St. John's, A... 30
Wright, Miss Vera... 38
Wrist, Simple Ganglion at the... 110
Wunder, Joseph C... 118
Yingling, Joel B... 57

Fellows_Syrupus Hypophosphitum

Quadraginta per annos et a medicis et ab aegris orbis terrarum totius probatus

Compositio sui generis neque imitabilis

Reject < **Cheap and Inefficient Substitutes**
Preparations "Just as Good"

"BREAKING UP A COLD"

while not the "scientific" way of putting it, is, nevertheless, an expression fully understood by both Doctor and Patient, no matter in what station of life they meet.

Bronchial affections, from a simple "cold" to incipient phthisis or threatened pneumonia, are quickly, safely and most "comfortably" relieved by a prompt, liberal and intelligent use of

Antiphlogistine
TRADE MARK

Doctor, if you have "got out of the way" of using Antiphlogistine in Winter Diseases, or if you have not yet tried it, let us suggest that you order it in your next case of this kind—child or adult; it is as *harmless* as *helpful.*

Send for our "Pneumonia" booklet, if one has not been received

Antiphlogistine is prescribed by Physicians and supplied by Druggists all over the world

"There's only ONE Antiphlogistine"

THE DENVER CHEMICAL MFG. CO., - - NEW YORK, U. S. A.

Resinol Stops Itching

THE one feature of RESINOL (ungt. Resinol) which appeals most strongly to every physician is the speed and certainty with which it controls itching. Whether that condition arises from some eczematous affection, herpes, erythema, pruritus (especially pruritus ani or vulvæ), or piles, it can be promptly stopped by the application of Resinol. With itching and the consequent scratching eliminated, a successful treatment by Resinol can almost always be relied on, even in the most stubborn cases.

Resinol should not be confused with the numerous formulas and proprietary products sometimes suggested in its stead. Its unvarying quality and the success which has attended its use by physicians, for over eighteen years, are sufficient to warrant insisting on having *Resinol* itself.

Resinol Soap, being an absolutely pure soap, containing the same emollient, antiseptic medication as Resinol, is often of marked assistance in dermatological and other cases, even where ordinary soaps are distinctly contra-indicated.

We should be glad to send you samples of these preparations, also a miniature Resinol Shaving Stick.

RESINOL CHEMICAL CO.
BALTIMORE, MD.

Lefranc & Ault

Collars

Lion Brand
Arrow Brand
Earl & Wilson
Red Man Brand
In ½ Sizes

SHIRT SHOP
421 North Howard Street at Franklin

MEDICAL and STANDARD BOOKS
BOUGHT, SOLD
AND EXCHANGED

Pippen's Book Store

605 North Eutaw Street
BETWEEN MONUMENT AND FRANKLIN

SCHUSTER & CO.

MANUFACTURERS OF THE
National Felt Mattress
Does Not Pack, Nor Get Hard, Highest Grade, Most Comfortable and Economical Mattress Made

Brass Beds { Best Qualities and Designs at } **Lowest Prices**

Enameled Iron Beds, Washstands, Etc., Greatly Used in Furnishing Country Homes

SPRING BEDS, COTS AND COUCHES
FEATHER PILLOWS AND SILK FLOSS CUSHIONS

WE RENOVATE HAIR MATTRESSES, FEATHER PILLOWS AND DOWN COMFORTS IN BEST MANNER

414 N. Howard St. BALTIMORE, MD.
Near Franklin St

Archer's LAUNDRY

30 OFFICES IN BALTIMORE

UNIVERSITY OF MARYLAND

SCHOOL OF MEDICINE

ADJUNCT FACULTY

WM. H. SMITH, M. D., Associate in Clinical Medicine.
H. E. PETERMAN, M. D., Associate in Ophthalmology and Otology.
H. J. MALDEIS, M. D., Associate in Pathology and Bacteriology.
COMPTON RIELY, M. D., Associate in Orthopedic Surgery.
H. W. BRENT, M. D., Associate in Gynecology.
A. H. CARROLL, M. D., Associate in Gastro-Enterology and Assistant Gastro-Enterologist to the University Hospital.
ISAAC M. MACKS, M. D., Associate in Pathology and Bacteriology.
J. DAWSON REEDER, M. D., Associate in Proctology.
E. F. KELLY, Phar. D., Associate in Chemistry.
C. C. CONSER, M. D., Associate in Physiology.
J. C. LUMPKIN, M. D., Associate in Clinical Surgery.
J. SOMERVILLE FISCHER, A. B., M. D., Associate in Clinical Medicine and Pediatrics.
JOHN EVANS, M. D., Associate in Anatomy.
J. K. B. E. SEEGAR, M. D., Associate in Obstetrics.
E. H. HAYWARD, M. D., Associate in Gynecology.
H. C. BLAKE, M. D., Associate in Operative Surgery.
J. L. WRIGHT, M. D., Associate in Anatomy.
SIDNEY M. CONE, A. B., M. D., Associate in Orthopedic Surgery.
CLYDE A. CLAPP, M. D., Associate in Ophthalmology and Otology.
J. E. POULTON. M. D., Associate in Pediatrics.
G. S. M. KIEFFER, M. D., Associate in Histology and Embryology.
J. PERCY WADE, M. D., Associate in Psychiatry.
W. I. MESSICK, M. D., Lecturer on Clinical Medicine.
FRANK W. KEATING, M. D., Lecturer on Psycho-Asthenics.
H. C. HYDE, M. D., Lecturer on Pediatrics.
H. W. STONER, M. D., Lecturer on Bacteriology.
W. P. E. WYSE, M. D., Lecturer on Psychiatry.
W. G. QUEEN, M. D., Lecturer on Osteology.
G. A. FLEMING, M. D., Demonstrator of Ophthalmology and Otology.
H. L. SINSKY, M. D., Demonstrator of Materia Medica.
H. C. DAVIS, M. D., Demonstrator of Diseases of the Throat and Nose.
G. W. HEMMETER, M. D., Demonstrator of Physiology.
W. F. SOWERS, M. D., Demonstrator of Histology and Embryology.
H. U. TODD, M. D., Demonstrator of Clinical Pathology.
JOHN A. TOMPKINS, JR., M. D., Instructor in Minor Surgery and Bandaging.
J. F. HAWKINS, M. D., Instructor in Neurology.
G. M. SETTLE, M. D., Instructor in Neurology.
ROBERT P. BAY, M. D., Instructor in Surgery.
R. C. METZEL, M. D., Instructor in Medicine.
G. S. M. KIEFFER, M. D., Instructor in Medicine.
J. F. O'MARA, M. D., Instructor in Medicine.
H. W. JONES, M. D., Instructor in Medicine.
H. D. McCARTY, M. D., Instructor in Medicine.
WILBUR P. STUBBS, M. D., Instructor in Medicine.
F. S. LYNN, M. D., Instructor in Surgery.
F. J. KIRBY, M. D., Instructor in Surgery.
HENRY CHANDLEE, M. D., Instructor in Radiography.
R. G. WILLSE, M. D., Instructor in Gynecology.
W. K. WHITE, M. D., Instructor in Gynecology.
R. L. MITCHELL, M. D., Instructor in Gynecology.
FRED RANKIN, M. D., Instructor in Surgery.
J. M. DELEVETT, M. D., Instructor in Obstetrics.
C. IRWIN HILL, A. B., M. D., Instructor in Psychiatry.
MILTON P. HILL, M. D., Instructor in Neurology.
H. S. GORSUCH, M. D., Instructor in Obstetrics.
JOHN G. JEFFERS, M. D., Instructor in Diseases of the Rectum and Colon.
S. H. STREETT, S. B., M. D., Instructor in Gynecology.
CHRISTIAN DEETJEN, M. D., Instructor in Radiography.
A. J. UNDERHILL, M. D., Instructor in Genito-Urinary Diseases.
S. GRIFFITH DAVIS, M. D., Instructor in Anaesthesia.
G. M. SETTLE, M. D., Instructor in Medicine.
R. C. METZEL, M. D., Assistant in Pathology and Bacteriology.
LEO KARLINSKY, M. D., Assistant in Pathology and Bacteriology.
H. W. BRENT, M. D., Assistant in Pathology and Bacteriology.
W. G. QUEEN, M. D., Assistant in Histology and Embryology.
G. W. HEMMETER, M. D., Assistant Demonstrator of Physiology.
H. U. TODD, M. D., Assistant in Clinical Pathology.
R. G. WILLSE, M. D., Assistant in Histology and Embryology.
F. W. HOBLEMANN, M. D., Assistant in Genito-Urinary Diseases.
J. W. SANDERSON, M. D., Assistant in Medical Topography.
J. M. FENTON, M. D., Assistant in Gynecology.
H. BOYD WYLIE, M. D., Assistant in Clinical Pathology and Pharmacology.
S. A. BAIN, M. D., Assistant in Dermatology.
GEORGE MURGATROYD, M. D., Assistant in Diseases of the Throat and Nose.
HORACE W. NICHOLSON, M. D., Assistant in Diseases of the Throat and Nose.
MAURICE LAZENBY, A. B., M. D., Assistant in Gynecology.
H. J. WALTON, M. D., Assistant in Radiography.
W. SAULSBURY NIBLETT, M. D., Assistant in Orthopedic Surgery.
W. H. DANIELS, M. D., Assistant in Orthopedic Surgery.
H. W. NICHOLSON, M. D., Assistant in Diseases of the Throat and Nose.
GEORGE E. BENNETT, M. D., Assistant in Orthopedic Surgery.
A. L. FEHSENFELD, M. D., Assistant in Neurology.
HARRY A. LISHOP, M. D., Assistant in Neurology.
EDWARD A. LOOPER, M. D., Assistant in Ophthalmology and Otology.
W. G. QUEEN, M. D., Assistant in Ophthalmology and Otology.

Old Town Laundry

410-16 Ensor Street

General Launderers

St. Paul 5914 — Phone Us

A. D. Sessions & Co.

DEALERS IN

Fish, Terrapin, Soft Crabs
Game and Lobster

Office and Warehouse :: 28 Market Place

Also at the Several Fish Markets

The National Bank of Baltimore

The Oldest Bank in Maryland

Baltimore and St. Paul Streets

111 Years of Continuous and Successful Banking
Has Paid the Stockholders 230 Consecutive Dividends

DEPOSITORY OF THE UNITED STATES, STATE OF MARYLAND, CITY OF BALTIMORE

Officers

T. Rowland Thomas, President
W. Bernard Duke, Vice-President — J. Albert Hughes, Vice-President
William J. Delcher, Cashier — Snowden Hoff, Ass't Cashier

Capital Surplus and Undivided Profits,	$ 1,630,000
Deposits,	8,180,000
Resources,	11,110,000

We Respectfully Invite Your Account

R. LEE JONES

Wholesale and Retail Dealer in Best Qualities of

Anthracite **COAL** Bituminous

PINE, OAK AND HICKORY WOOD

Office and Railroad Yard:

S. W. Corner Pratt and Greene Streets

Telephone, St. Paul 329

Exclusive Distributor of QUEMAHONING COAL CO.'S Celebrated "RALPHTON" Steam Coal

NEELY & ENSOR

Agents for

Alco and Kline Pleasure Cars
Alco and Lippard, Stewart Commercial Trucks ::: ::: :::

Capacity from 1500 Lbs. to 6½ Tons

Building, Painting and General Repairers from TOP to TIRE

COR. MT. ROYAL AVE. and McMECHEN ST.

Phone, 4255 Madison

Safe Deposit Boxes *Notary Public* *Fire and Burglar Proof*

THE

Commonwealth Bank

State Depository

Howard and Madison Streets

BALTIMORE, MD.

Savings Department - - Interest 3½ Per Cent.

Cheap Heating

is high at any price. Pay a little money to the contractor that has your confidence, and have your Steam or Hot Water system properly installed.

If you want a "cheap" job, do not bother me. If you want a heating plant that will give you satisfaction, I am at your service.

For PLUMBING or GAS FITTING it is the same.

WM. DUNNETT

Both Phones — 645 N. Eutaw Street

RELIABLE, SAFE HYPNOSIS

often becomes one of the most important objects of medicinal treatment. Sleep is literally a tonic, of which sufficient doses must be taken or the whole organism suffers. For over thirty years no hypnotic has enjoyed greater and more justifiable confidence than

BROMIDIA

The well recognized advantages of this product come from the **quality of its ingredients, its absolute purity, constant uniformity, remarkable therapeutic efficiency,** and **non-secrecy.**

In indicated dosage, Bromidia is unrivalled as a safe and reliable hypnotic.

BATTLE & COMPANY

PARIS ST. LOUIS LONDON

WHITE & COMPANY

FLOUR

117 Commerce St., BALTIMORE, MD.

"The Quality House"

Pillsbury's Best XXXX

Used by Leading Hospitals, Colleges, Hotels and Institutions Everywhere

Pillsbury Flour Mills Co.

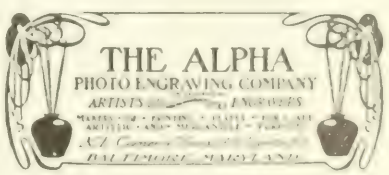
Union Trust Building BALTIMORE, MD.

Walnut Grove Dairy

PURE MILK, CREAM AND BUTTER

Office and Dairy:

C. & P. Phone 2620 and 2622 Francis St.



GLYCO-HEROIN (SMITH)

For Coughs Bronchitis Phthisis Whooping Cough Pneumonia Asthma

AN ABSOLUTELY STABLE AND UNIFORM PRODUCT THAT HAS GAINED WORLD WIDE DISTINCTION THROUGH ITS DEPENDABLE THERAPEUTIC EFFECTS.

DOSAGE

The adult dose of the preparation is one teaspoonful repeated every two hours or at longer intervals according to the requirements of the individual case.

For Children of ten or more years, from one quarter to one half teaspoonful.

For children of three or more years, from five to ten drops.

FOR SAMPLES AND LITERATURE ADDRESS
MARTIN H. SMITH CO., NEW YORK N.Y. U.S.A.

University of Maryland
DENTAL DEPARTMENT.

The regular Winter Session begins on October 1st of each year, and continues until the following May.

The Annual Catalogue contains Course of Study, Terms, etc. Attendance upon *three* regular Winter Sessions will be required before the final examinations for the degree of Doctor of Dental Surgery.

Graduates of Medicine and those who have attended one or more previous sessions at a reputable dental school, admitted to higher grades. The requirements for admission are the same as in all other reputable dental colleges.

FEES:

Matriculation (paid once only)	$ 5.00
Tuition Fee	150.00
Diploma Fee	30.00
Dissecting Fee (paid once only)	10.00

Students who have attended a Session of this, or any other College, prior to 1906-1907, are admitted on the old fees. For information and Annual Catalogue, Address

T. O. HEATWOLE, M.D., D.D.S., Dean
Baltimore, Md.

WM. J. COLEMAN,
Medical Superintendent.

H. H. WARFIELD,
Manager.

UNIVERSITY HOSPITAL

COR. LOMBARD AND GREENE STREETS
BALTIMORE, MD.

ORIGINAL LACTIC ACID
AND ALBUMIN

PREPARED BY
ARMEN H. THOUMAIAN

Long DRINK & FOOD Life

"LOZAK"

Health Strength

1916 N. CHARLES ST. PHONE MT. V. 1019.

DELIVERED PROMPTLY TO ALL PARTS OF THE CITY

SUITING FOR UNIFORMS

Every nurse cares to have nice looking uniforms—and every nurse can have such uniforms at trifling cost.

We sell tremendous quantities of the material—it is popular with everybody who uses it.

Linen-finish Suiting—a medium weight fabric with smooth finish; 36 inches wide. **15c a yard.**

Shrunk Suiting—Samson cloth finish; 36 inches wide. **12½c a yard.**

WRITE FOR SAMPLES **JOEL GUTMAN & CO.**

112 to 122 N. Eutaw St. = = = Baltimore, Md.

SPECIAL RATES
TO
PRIVATE INSTITUTIONS, SANITARIUMS, ETC.
FOR
CARD ADVERTISEMENTS

HOWARD F. RITTE
Plumbing, Steam and Gas Fitting
AND DEALER IN
HYDRAULIC MACHINERY
C. & P. Phone
Mt. Vernon 1074
413 North Calvert Street
BALTIMORE, MD.

GASTROGEN TABLETS

A NEUTRALIZING DIGESTIVE

Sample and Formula Mailed to Physicians Upon Request

BRISTOL-MYERS CO.
277-281 Greene Ave.
Brooklyn-New York, U.S.A

Udeservem

"SQUARE DIEHL" CLOTHES

605 WEST BALTIMORE STREET

Suits, $15.00 to $40.00

HOLL

Tailor

24 East Fayette Street, Baltimore

We extend a most cordial invitation to all that desire distinctive and perfect-fitting garments, which is our unfailing guarantee.

Established 1878

THE RELAY SANITARIUM

For the Treatment of { Mental and Nervous Diseases / Alcoholic and Drug Addiction

Located Near Relay Station, B. & O. R. R. 15 Minutes' Ride, by Train, from Baltimore, 37 from Washington

Situated in the centre of a natural forest park of 92 acres, showing a superb view of the river and valley of the Patapsco. Elegant drives and walks throughout the grounds. Under the personal management of DR. LEWIS H. GUNDRY. For information and rates, address

Phone: C. & P., Elkridge 40 DR. LEWIS H. GUNDRY Relay, Baltimore Co., Md.

All Students Visit ➤➤➤ The Palace Bowling Alleys

POOL TABLES BUFFET

Telephone, St. Paul 4808
529 WEST BALTIMORE STREET
CHAS. V. DUNCAN, Mgr.

CALL UP

WM. JACOBS & SONS

FOR YOUR

Fish Crabs Clams, Etc.

OUR PRICES ARE RIGHT

411 N. Paca St. 117 S. Chapel St.

PHONES { Mt. Vernon 767 / Wolfe 3113

The Henry B. Gilpin Co.

Import and Export Druggists

MANUFACTURING PHARMACISTS AND DRUGGISTS' SUNDRYMEN

ALSO MANUFACTURERS OF

TALCOLETTE and TALCOLETTE SOAP

300-302 W. Lombard St., Baltimore, Md.

The

Richard Gundry Home

Harlem Lodge, Catonsville, Md.

Established 1891

A Private Sanitarium for the Treatment of Nervous and Mental Diseases, Drug and Alcoholic Addictions.

Open All the Year

Write for illustrated booklet to

Dr. RICHARD F. GUNDRY

CATONSVILLE, MD.

C. & P. Long Distance Phone, Catonsville, Maryland

WARNING TO WATER DRINKERS

The U. S. Department of Agriculture recently issued a Bulletin which cautioned the public against Fraudulent Radioactive Water sold in bottles.

The Bureau of Chemistry asserts that the so-called Radioactive Waters, examined by their specialists, possess no radioactivity and that whatever radioactivity a water may possess at the spring is due almost entirely to radium emanation in form of gas, which quickly disappears.

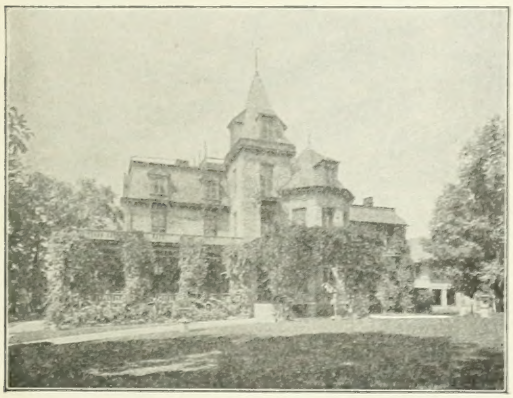
The conclusion reached is that no bottled water, no matter how radioactive it may have been at the spring, retains this radioactivity for any length of time, and therefore the testimonials asserting that these so-called radioactive waters have effected wonderful cures are the result of strong imaginations or are issued with the sole purpose to deceive.

The department is now investigating a number of the so-called radioactive waters with the object of securing evidence that can be made a basis of prosecution for misbranding.

GENEVA (Lithia) MINERAL WATER does not base its merit upon any radioactive quality, but analysis shows it to possess a combination of remedial salts in solution which have been proven most beneficial in ailments of the Stomach, Liver, Kidneys and Bladder. A copious use of GENEVA (Lithia) MINERAL WATER dissolves and neutralizes the effects of Uric Acid, wards off Rheumatism, maintains a healthy physical balance in the system, preserves health and keeps well those who drink it.

Baltimore Depot
16 CLAY STREET, Near Charles

Washington Depot
1719 PENNSYLVANIA AVE. N. W.



The Gundry Sanitarium

(ATHOL)

A Private Sanitarium for the care and treatment of Nervous and selected cases of Mental Diseases of Women.

Splendidly located, retired and accessible to Baltimore; surrounded by 28 acres of beautiful grounds. Buildings modern and well arranged. Every facility for treatment and classification. Under the management of Dr. A. T. GUNDRY.

For further information, write or telephone

Dr. ALFRED T. GUNDRY

OR

The Gundry Sanitarium (Athol)

CATONSVILLE, MD.

DEER PARK SANITARIUM

PIKESVILLE, BALTIMORE COUNTY, MD.

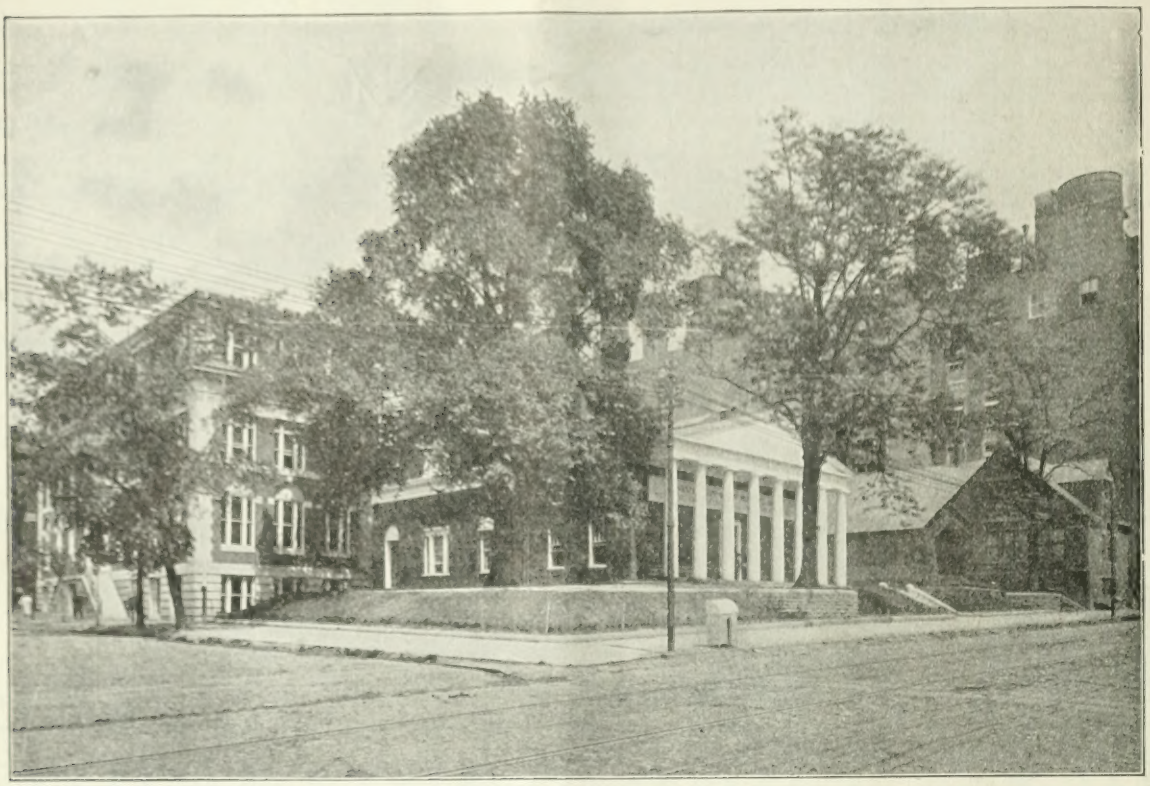
DR. W. P. E. WYSE, Physician-in-Charge DR. CHARLES G. HILL, Consultant

A quiet country retreat for Invalids, Convalescents, Nervous Cases and those addicted to Alcoholic and Drug Habits, conducted as little like an institution and as much like a private home as possible. Situated in the center of an estate of 166 acres, a few miles from Baltimore, in its most beautiful suburban section near the celebrated Green Spring Valley. For further information, write or telephone

DR. W. P. E. WYSE, Pikesville, Baltimore County, Md.

UNIVERSITY OF MARYLAND
SCHOOL OF MEDICINE

THOMAS FELL, A.M., Ph.D., LL.D., D.C.L., - - Provost



FACULTY OF PHYSIC

SAMUEL C. CHEW, M. D., LL. D., Emeritus Professor of Medicine.
R. DORSEY COALE, M. D., Ph. D., Professor of Chemistry and Toxicology.
RANDOLPH WINSLOW, A. M., M. D., LL. D., Professor of Surgery.
L. E. NEALE, M. D., LL. D., Professor of Obstetrics.
CHAS. W. MITCHELL, A. M., M. D., Professor of Pediatrics and Clinical Medicine.
THOS. A. ASHBY, M. D., LL. D., Professor of Diseases of Women.
JOHN HOLMES SMITH, M. D., Professor of Anatomy.
JOHN C. HEMMETER, M. D., Ph. D., Sc. D., LL. D., Professor of Physiology and Clinical Medicine.
A. M. SHIPLEY, M. D., Professor of Materia Medica and Surgical Pathology.
DAVID STREETT, A. M., M. D., Professor of Practice of Medicine.
S. K. MERRICK, M. D., Professor of Diseases of the Nose and Throat.
R. B. WARFIELD, M. D., Professor of Practice of Surgery.
ERNEST ZUEBLIN, M. D., Professor of Medicine.
HIRAM WOODS, JR., M. A., M. D., Professor of Eye and Ear Diseases.
JOSE L. HIRSH, B. A., M. D., Professor of Pathology and Bacteriology.
JOHN S. FULTON, A. B., M. D., Professor of State Medicine.
DANIEL BASE, B. A., Ph. D., Professor of Analytical Chemistry.
GORDON WILSON, M. D., Professor of Clinical Medicine.
HARRY ADLER, B. A., M. D., Professor of Therapeutics and Clinical Medicine.
THOMAS C. GILCHRIST, M. R. C. S., M. D., Professor of Dermatology.
FRANK MARTIN, B. S., M. D., Professor of Operative and Clinical Surgery.
CHARLES G. HILL, A. M., M. D., Professor of Psychiatry.
A. C. POLE, M. D., Professor of Descriptive Anatomy.
J. D. BLAKE, M. D., Professor of Clinical Surgery.
J. FRANK CROUCH, M. D., Professor of Clinical Ophthalmology and Otology.
J. M. H. ROWLAND, M. D., Professor of Clinical Obstetrics.
CHARLES O'DONOVAN, A. M., M. D., LL.D., Professor of Clinical Pediatrics and Clinical Medicine.
G. MILTON LINTHICUM, A. M., M. D., Professor of Proctology.
W. B. PERRY, M. D., Professor of Clinical Gynecology.
TILGHMAN B. MARDEN, A. B., M. D., Professor of Histology and Embryology.
J. MASON HUNDLEY, M. D., Professor of Clinical Gynecology.
JOSEPH T. SMITH, M. D., Professor of Medical Jurisprudence and Hygiene.
ST. CLAIR SPRUILL, M. D., Professor of Clinical Surgery.
R. TUNSTALL TAYLOR, M. D., Professor of Orthopedic Surgery.
JOHN R. WINSLOW, B. A., M. D., Professor of Diseases of the Throat and Nose.
J. M. CRAIGHILL, M. D., Professor of Clinical Medicine.
JOS. E. GICHNER, M. D., Professor of Clinical Medicine and Physical Therapeutics.
CHAS. M. McELFRESH, M. D., Professor of Clinical Medicine.
IRVING J. SPEAR, M. D., Professor of Nervous Diseases.
GIDEON TIMBERLAKE, M. D., Professor of Genito-Urinary Diseases.
JAMES A. NYDEGGER, M. A., M. D., Sc. D., Surgeon U. S. P. H. Service, Professor of Tropical Medicine.
JOHN G. JAY, M. D., Clinical Professor of Surgery.
NATHAN WINSLOW, A. M., M. D., Clinical Professor of Surgery.
PAGE EDMUNDS, M. D., Clinical Professor of Genito-Urinary Diseases.
RICHARD H. JOHNSTON, A. B., M. D., Clinical Professor of Diseases of the Nose and Throat.
JOSEPH W. HOLLAND, M. D., Associate Professor of Anatomy.
T. L. PATTERSON, M. A., Associate Professor of Biology and Physiology.
WILLIAM TARUN, M. D., Associate Professor of Diseases of the Eye and Ear.
G. C. LOCKARD, M. D., Associate Professor of Clinical Medicine and Pediatrics.
E. L. WHITNEY, M. D., Associate Professor of Physiological Chemistry, Pharmacology and Clinical Pathology.
E. B. FREEMAN, S. B., M. D., Associate Professor of Clinical Medicine.
WILLIAM CASPARI, JR., Ph. G., M. D., Associate Professor of Materia Medica.
J. W. COLE, M. D., Associate Professor of Clinical Medicine.
H. R. SPENCER, M. D., Associate Professor of Pathology and Bacteriology.
E. R. STROBEL, A. B., M. D., Associate Professor of Dermatology.
W. B. WOLF, M. D., Associate Professor of Genito-Urinary Diseases.
THOMAS W. KEOWN, A. B., M. D., Associate Professor of Clinical Medicine.
J. CLEMENT CLARK, M. D., Associate Professor of Psychiatry